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THE WISCONSIN MEDICAL RECORDER

A Monthly Journal of Medicine and Surgery For the Whole Profession.

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CONTENTS

Indications: G. L. Servoss, M. D. 1

Should We Teach Law in Our Public Schools: J. W. Lockhart, M. D. 9

Is Circumcision a Fake or Is It of Real Value: J. A. Burnett, M. D. 11

Fads and Fancies: J. K. Etter, M. D. 12

Electric Light Treatment of Infected Wounds: H. C. Bennett, M. D. 14

Miscellaneous:

A Duty—Standing by Our Colors: J. A. De Armand, M.D. 15

Some Mistakes in Making Blood Tests: F. P. Davis, M. D. 17

The Treatment of Croup: D. J. Smith, M. D. 18

United States Chamber of Commerce to Study Food and Drug Questions 19

Sermonettes: F. P. Davis, M. D. 20

Editorial 21

Abstracts 22

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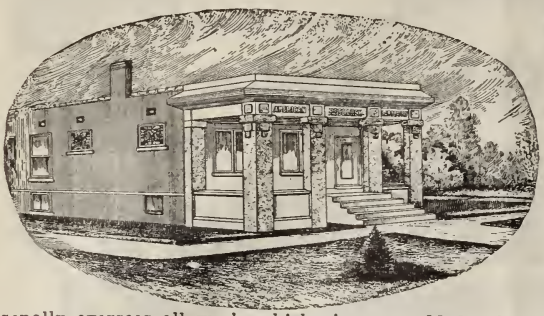

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Wisconsin Medical Recorder

A Monthly Journal of Medicine and Surgery, devoted to the best interests of the profession

VOL. XVIII JANUARY, 1915 No. 1

INDICATIONS

GEORGE L. SERVOSS, M. D.
Gardnerville, Nev.

(Continued from page 330 December Recorder)

PELLAGRA.

This condition is to be treated according to individual conditions and indications. Mizell is very enthusiastic relative to the use of calcium sulphide in large and frequently repeated doses, while the sulphocarbolates, in like large dosage, have numerous supporters. To increase intestinal function and stimulate flow of bile, the following every third night, is indicated: Calomel gr. 1-6; Podophyllin gr. 1-6; Bilein gr. ⅛; Strychnine arsenate gr. 1-250, or one-half this strength, or a formula in which the strychnine is replaced by boldine hydrobromide gr. 1-16, the latter to increase the output of urea. To increase the appetite, Juglandoid, Brucine or Capsicum gr. ⅛; Nux Vomica gr. ¼, with the following to control vomiting: Cerium oxalate gr. 1; Bismuth phenolate gr. 1; Stovaine gr. 1-25. Nuclein solution, either hypodermically, or per os, in full dose, to increase vitality is indicated. The digestants, after meals, may be required.

PEMPHIGUS.

In this disease the eliminants, alteratives and systemic antiseptics are indicated, as are the arsenates. Among the alteratives are the arsenates alternated with iodized lime or other iodides, with the following as an alternate and systemic antiseptic. Echinacoid gr. ½; Irisoid gr. ⅓; Rumicoid gr. 1-3; Alnuoid gr. 1-3; Cascaroid gr. ½. The bowels should be kept active through the use of Calomel and Irisoid every third night, followed by morning salines. The sulphocarbolates, alternated with iodized Lime should be continued over a considerable time. Locally, dry antiseptic dusting powders are useful and if the vesicles are opened they should be dressed with an ointment of Dried Alum grs. 5; Ichthyol grs. 10; Phenol grs. 5; Basilicon ointment to make oz. 1, and this covered with the dusting powder. In obstinate cases the Liquor Arsenii Comp. (Barclay) in indicated as an alterative.

PERICARDITIS.

Always determine the underlying cause as a direction to proper treatment. In the adherent form keep the bowels active with Calomel or Blue Mass and Soda at night. Sedate the heart and equalize the circulation with Aconitine or Veratrine, or the following: Aconitine hydrobromide gr. 1-800; Digitalin gr. 1-64; Veratrine hydrochloride gr. 1-128, with Cactoid added in some cases. If pus is present, saturate with Calcium sulphide and Echinacoid. Digipoten may be employed, but with care. With control of the acute condition, Bryonin is indicated to favor absorption of exudate. The following is also indicated in this stage: Strychnine arsenate gr. 1-64; Quinine arsenate gr. 1-32; Iron arsenate gr. 1-32; Nuclein solution m 8; iodized

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Lime gr. 1. Digipoten and Cactoid, alternating with, or replaced by Sparteine, after the first week or two, may be of service as cardiac tonics, with Veratrine to sedate and equalize the circulation. To abort, Quinine salicylate in full dosage, a brisk Calomel purge and Aconitine to sedate circulation. For the rheumatic type, Salicin, or one of the following: Calcium carbonate grs. 10; Lithium carbonate gr. 1; Colchicine gr. 1-250; Aromatics q. s.: or, Salicylic acid gr. 1; iodized Lime gr. ⅓; Colchicine gr. 1-250; Bryonin gr. 1-128; Mecrotoid gr. 1-12; Boldine hydrobromide gr. 1-64; Aromatics q. s. The Strepto-Bacterin, Pneumo-Bacterin and Combined Bacterin (Van Cott), either alone or the first mentioned, or possibly all, following large doses of Antistreptococcus serum, are indicated, and usually relieve promptly and hasten cure. Aspirate if there is excessive exudate.

PERITONITIS.

Surgical interference, always, if there are symptoms of perforation. Otherwise, determine the blood from the affected area by the use of Hyoscine to effect, or if there is considerable pain, the Hyoscine, Morphine and Cacoid combination. To sedate and equalize the circulation, Aconitine, Veratrine Digitalin and Strychnine at frequent intervals, in small dosage to affect, then at such intervals as will maintain this. Clear the bowel with Epsom-salt enemas. If there are no symptoms of perforation the bowels may be cleared with repeated doses of saline laxative, this to be followed, cautiously, with Hyoscine or the Hyoscine, Morphine and Cactoid compound, with Strychnine and Digitalin to support the heart. To control pain and as an intestinal aniseptic, Zinc sulphocarbolate gr. 1; Codeine sulphate gr. ¼; Hyoscyamine sulphate gr. 1-1000; Strychnine sulphate gr. 1-128; or, Zinc sulphocarbolate gr. 1; Codeine sulphate gr. ½ Hyoscyamine sulphate gr. 1-2000; Strychnine sulphate gr. 1-128. To this may be added Sodium sulphocarbolate in indicated dosage. Locally the following counter-irritant: Oil of Turpentine m 8; Oil of Cloves m 10; Oil of Mustard m 4; Guaiacol grs. 4; Camphor grs. 20; Capsicum oleoresin grs. 5; Menthol grs. 16; Ointment base to make oz. 1, with Turpentine stupes over abdomen. Opiates rarely, if ever, indicated and must be given with care. With subsidence of acute condition the tonics, eliminants and those agents which will increase nutrition are indicated. Quinine arsenate, in full dose, is frequently indicated for its tonic and antipyretic effect. Albumen or barley water may be allowed. To control vomiting either lavage or ice in small pieces. If pus or perforation are suspected, place the patient in the hands of surgeon at once. In connection with the medical and surgical treatment the bacterins have their place, both as prophylactics and curative agents. Those indicated are the Coli-Bacterin and Combined-Bacterin (Van Cott).

PERTUSSIS (WHOOPING COUGH).

Early treatment should be insisted upon in every instance, as this means abortion in many cases. If seen early in the catarrhal stage, Atropine valerate, gr. 1-3000 to 1-1500, three or four times a day, till there is slight flushing of the face, may serve to shorten course of the disease. This agent may be replaced by the following: Hyoscyamine sulphate gr. 1-2000; monobromated Camphor gr. 1-64; Scutellaroid gr. 1-32; Oil of Cajaput, with Oil of Anise and Menthol q. s. Initially the bowels should be thoroughly cleared by the use of Calomel and Podophyllin, followed by a saline and this by the sulphocarbolates to keep the intestinal tract clean. The nose and mouth should be sprayed with antiseptic solutions, in that they may be kept clean. As antiseptics in this stage, iodized Lime gr.

⅓ to 1 and Calcium sulphide gr. 1-6 to ⅓, should be given every hour to saturation, and then less frequently. If seen first in the spasmodic stage, clear out the bowel as an initial measure and to control cough give Coniine hydrobromide gr. 1-128; Lobeloid gr. 1-128; monobromated Camphor gr. 1-6; Quinine ferrocyanide gr. 1-64 every two hours, or Hyoscyamine sulphate gr. 1-2000; monobromated Camphor gr. 1-64; Scutellaroid gr. 1-32; Oil of Cajaput, with Oil of Anise and Menthol q. s., or Atropine valerate. If these fail, substitute iodized Lime gr. ⅓; Codeine sulphate gr. 1-32; Emetoid gr. 1-64; extract Licorice gr. 1-6, or give monobromated Camphor to effect. Increase of the lobeloid may act well. If the case is severe it may be necessary to give small doses of the Hyoscine, Morphine and Cactoid compound or modification thereof. As a tonic, Brucine gr. 1-128; Quinine gr. 1-64; with Nuclein solution drops 4 o 6 t. i. d. Among the antispasmodics which have indications in some instances are, Coniine, Gelseminine, Codeine, monobromated Camphor, the Bromides, Solanine and the following combination: Quinine valerate gr. 1; Iron valerate gr. 1; Zinc valerate gr. 1; extract Sumbul gr. 1; Scutellaroid gr. 1-6. Hot compresses to the throat and inhalations of medicated steam often give relief. The diet should be light but nutritious, and the Bacillus Lactis Bulgaricus given therewith.

PHARYNGITIS.

Clear out the bowel promptly with Calomel and Podophyllin, followed by a saline or Castor Oil. To promptly control acute symptoms and possibly abort, institute the following treatment: Aconitine hydrobromide gr. 1-800, Atropine sulphate gr. 1-500 hourly, with Potassium dichromate gr. 1-128 to 1-64 every 15 to 30 minutes, these to effect. This treatment may be alternated with iodized Lime gr. 1; Mercuric iodide gr. 1-64; Strychnine arsenate gr. 1-128; Phytolaccoid gr. 1-6; Nuclein solution m 2. With cold compresses to the throat, changed every hour or two, the above outlined treatment will usually control the situation readily. In the chronic form, for their selective actions on the throat, iodized Lime gr. ⅓ to 1, every 3 to 4 hours, alternated with Potassium dichromate and Strychnine, with Nuclein solution, 10 to 30 drops, t. i. d. In the follicular form as alteratives and antiseptic collinsonoid and Calcium sulphide, with Sodium benzoate for its selective action. Gargles and sprays of antiseptic solution, both aqueous and oily, may be used to advantage, with solutions of Resorcin and Creolin in the granular form. One-fourth per cent solutions of either glycerate of Tannin or Silver nitrate may be applied to the affected area for their stimulating effect, and Helenin and Eupurpuroid may be given internally for their stimulating effect to the mucosa. As a tonic the following: Strychnine arsenate gr. 1-64; Quinine arsenate gr. 1-32; Iron arsenate gr. 1-32; Nuclein solution m 8; iodized Lime gr. 1. If the acute form is found to be diphtheritic, give diphtheria antitoxin in full dose, not less than 10,000 units at once. Bacteriologic tests should be made as soon as case is seen, and frequently thereafter and proper bacterins employed in conjunction with the medical treatment. Those usually indicated are either the Pneumo-Bacterin or Strepto-Bacterin, although autogenous vaccines may be required in some instances.

PHLEBITIS.

Clear out the bowels with Calomel and salines and continue the Calomel gr. 1-10 to 1-6 every three hours till mild general effect is noticed. The morning doses of saline laxative should be continued. As an absorbent, iodized Lime gr. ⅓ to 1 every three hours, with Hamameloid as a tonic astringent to the venous system and Hyoscyamine

to control pain and relieve spasm, at intervals of four hours. The sulphocarbolates are indicated to keep bowels clean and overcome tendency to autotoxemia. The salicylates or Salicylic acid gr. 1; iodized Lime gr. ⅓; Colchicine gr. 1-250; Bryonin gr. 1-128; Macrotoid gr. 1-12; Boldine hydrobromide gr. 1-64; Aromatics q. s. in rheumatic conditions. As a laxative, Phenolphthalein grs. 1½; Senna grs. 1½; Sulphur gr. ⅔; Aromatics q. s. With the disappearance of the acute condition, to insure absorption, arsenous iodide and Phytolaccoid. Liquor Arsenii Comp. (Barclay) is of use in this stage. Locally antiseptic oils or ointments and Epsom-salt compresses.

PLEURITIS (PLEURISY)

Clear out the alimentary tract with Calomel, or Calomel, Podophyllin and Bilein, followed by salines, and maintain bowel activity thereafter by morning salines, or Calomel at night, as may be indicated. The sulphocarbolates are indicated at all times throughout the course of the disease. To induce leucocytosis, Nuclein solution, hypodermically in doses of from 10 to 30 minims, twice a day. To relieve capillary stasis and vascular engorgement, Esculin, with Bryonin every other dose, or the two alternated. To sedate fever and equalize the circulation, Aconitine hydrobromide gr. 1-800, Digitalin gr. 1-64, Veratrine hydrochloride gr. 1-128, every 15 to 30 minutes to effect and then at longer intervals, with Gelseminine, if congestion is marked, face flushed, eyes bright, temperature high, pulse small and quick. To the chest, over the affected area, m 20 to 30 of Guaiacol or dram one-half to one of the following: Guaiacol grs. 40; Methyl salicylate grs. 40; Menthol grs. 3; Lanum and Petrolatum q. s. to make oz. 1, either to be followed by hot compresses or hot kaolin poultices. For collapse, Atropine. To stimulate and steady the heart, Brucine and Cactoid. To assist in the removal of fluids in excessive effusions, Digitalin and Apocynoid. As a diuretic, Barasmoid in barley water. To promote absorption in later stage, Glonoin, Strychnine and Digipoten, alternated with iodized Lime. Colchicine is indicated in rheumatic cases, as is Salicylic acid gr. 1; Iodized Lime gr. ⅓; Colchicine gr. 1-250; Bryonin gr. 1-128; Macrotoid gr. 1-12; Boldine hydrobromide gr. 1-64; Aromatics q. s. Elaterin, as a cathartic and to remove fluids; Pilocarpine to stimulate dermal elimination; Emetoid to assist in the removal of the exudates; and Spartein as a heart tonic, have their indications. The following tonic is indicated: Strychnine arsenate gr. 1-64; Quinine arsenate gr. 1-32; iron arsenate gr. 1-32; Nuclein solution m. 8; iodized Lime gr. 1.

PNEUMONIA, LOBULAR (CAPILLARY BRONCHITIS.

The patient (child) should be placed in bed in a well-ventilated room, temperature 70° F., and the air moistened with steam. Clear the bowels with Calomel gr. 1-10 and Podophyllin gr. 1-64, every hour for four doses, followed by saline to effect, the latter to be continued every morning with the mercurial every third night. To relax and lower temperature, Aconitine hydrobromide gr. 1-3000; Digitalin gr. 1-250; Strychnine arsenate gr. 1-500, or such amount as indicated by the age of the chid, every half to one hour, to effect, or until the pulse softens and decreases in rapidity and the temperature is lowered, and then at longer intervals to maintain such effect. If the child is robust, and over one year, Veratrine may replace the Strychnine, but should asthenia appear, Strychnine should again be employed. To induce leucocytosis, Nuclein, drops 10 to 15, on the tongue, t. i. d. from the beginning. If the heart weakens or wavers, Cactoid, with Digitalin as heart tonic. To act as an intestinal antiseptic, Calcium sul-

phocarbolates, after bowels have been cleared out. With the acute symptoms controlled, then iodized Lime or Nuclein solution m 10; Guaiacol carbonate gr. 1; iodized Lime gr. ½; the dose of either based upon age of child, every three hours. These are of great value in those cases which "drag" in the last stage. Their alternates are Quinine, Arsenic, Brucine and Cactoid, with Scillitin as a stimulant expectorant. Where there are excessive or thick tenacious exudates, with dyspnea and tendency to cyanosis, Apomorphine, to emesis, gives relief, this to be followed with Cactoid and Strychnine to raise the vitality and Calcium sulphide and minute amounts of Apomorphine to liquefy the secretions. Ammonium carbonate and Atropine both act as rapid stimulants. Inhalations of medicated steam give relief. To the chest apply Guaiacol grs. 40; Methyl salicylate grs. 40; Menthol grs. 3, Lanum and Petrolatum q. s. to make oz. 1, then cover with hot kaolin paste. The mouth and nose should be kept clean with sprays of antiseptic solutions. During convalescense as tonics, Calcium lactophosphate and the phosphates of Iron, Calcium, Potassium and Magnesium, with Nuclein are indicated as reconstructants, with the following absorbents: iodized Lime or Nuclein solution m 10; Guaiacol carbonate gr. 1; iodized Lime gr. ½.

PNEUMONIA, LOBAR.

The patient should be placed in bed in a room, the temperature of which should be from 55° to 60° F., with good ventilation but without drafts. Initially, Calomel gr. 1-6 and Podophyllin gr. 1-6, six to eight doses, followed by salines to effect. Then Aconitine hydrobromide gr. 1-800; Digitalin gr. 1-64; Veratrine hydrochlorid gr. 1-128 every hour till skin moistens and pulse drops to 80 to 85, then the interval lengthened, if necessary or shortened at any time for like reason, to maintain such effect. For their absorbent effect, iodized Lime, or Nuclein solution m 10; Guaiacol gr. 1; iodized Lime gr. ½, every two hours for the first twenty-four hours, then every three hours, with Quinine arsenate gr. 1-64 with either. To keep the bowel clean, after it has been thoroughly cleared, the sulphocarbolates. To reinforce the leucocytes, Nuclein solution m 20 to 30 t. i. d., either hypodermically, or absorbed from the buccal membranes. Guaiacol, ½ dram rubbed into the chest and covered with a hot kaolin dressing gives relief in many instances. As does a general sponge bath with Epsom Salts oz. 1 and Creolin drops 20 to the quart of water, followed by a brisk rub down with alcohol, this to be repeated every day. Washing of the bowel with a decinormal salt solution assures removal of toxin producing materials therefrom. The mouth and nose should be kept clean with antiseptic sprays and an oily antiseptic should be inhaled deeply. Bryonin with Aconitine for the pain of associated pleurisy. To relieve irritation and stop cough, Codeine is indicated, with Apomorphine to liquefy the exudates, if scant and viscid. As a relaxant, Lobeline sulphate, even to the point of nausea, this producing profuse sweating and general relaxation. This agent seems to have a marked power in pneumonia, and one author says that it "either materially lessens the toxin-producing power of the pneumococci or through its physiologic action stimulates the production of antibodies which amounts to the same thing clinically." During convalescence the following tonics and reconstructants: Strychnine arsenate gr. 1-64; Quinine arsenate gr. 1-32; Iron arsenate gr. 1-32; Nuclein solution m 8, iodized Lime gr. 1; or, Strychnine arsenate gr. 1-128; Iron arsenate gr. 1-32; gr. 1-12; Calcium phosphate gr. 1-12; Manganese phosphate gr. 1-32; Zinc phosphide gr. 1-32: or, Iron phosphate gr. 1-12; Calcium phosphate gr. 1-12;

Potassium phosphate gr. 1-12; Magnesium phosphate gr. 1-12; Nuclein solution m 4: or, Defibrinated blood m 30; Manganese peptonate gr. ½ Iron peptonate gr. 1; Nuclein solution m 5. If the cough persists, the following have their indications: Scillitin, Asclepidoid, Sanguinarine, Glonoin, Pilocarpine, Creosote carbonate or the following combinations: Ammonium chloride gr. ¼; extract Licorice gr. ⅛; Codeine sulphate gr. 1-32; Cubeb oleoresin gr. 1-32; or, Lactucaroid gr. ⅓; Morphine sulphate gr. 1-128; Emetoid gr. 1-250; monobromated Camphor gr. 1-32; Licorice, solid extract gr. 1; Aromatics q. s. A digestive compound may be required if digestion is below par. The bacterins are of great use in this disease, the Pneumo-Bacterin acting to relieve all the symptoms, and should be employed in conjunction with the above medical treatment, not alone.

POLIOMYELITIS, ANTERIOR.

If the patient is seen during the early stage, at which time there is hyperpyrexia and pain, the initial procedure should be clearing of the bowels with Calomel and Podophyllin, followed by salines, with high decinormal salt enemas to thoroughly clear the bowel and overcome tendency to further infection from that source. Also normal salt sponge baths to stimulate dermal function. To relax tensions and lower temperature, Aconitine, dosage based on age of patient, at hourly intervals to effect. To act as a general tonic, Brucine, with the following alternated at intervals of four hours, for their direct effect upon the nervous system: Neuro-lecithin gr. ¼; Nuclein solution m 10, and Iron phosphate gr. 1-12; Calcium phosphate gr. 1-12; Potassium phosphate gr. 1-12; Magnesium phosphate gr. 1-12; Nuclein solution m 4. Counter-irritation over the spine is indicated and may be accomplished through the application of Oil of Turpentine m 8; Oil of Cloves m 10; Oil of Mustard m 4; Guaiacol grs. 4; Camphor grs. 20; Capsicum oleoresin grs. 5; Menthol grs. 16; Ointment base q. s. to make oz. 1. The parts affected should be exercised through frequent massage and application of Camphor gr. ⅔; Menthol gr. ⅔; Phenol gr. ⅔; Thymol iodide gr. ⅔; with Oil of Tar, Cassia and Eucalyptus q. s., in a purified vegetable oil to make oz. 1. As reconstructant tonics, either of the following: Strychnine arsenate gr. 1-64; Quinine arsenate gr. 1-32; Iron arsenate gr. 1-32; Nuclein solution m 8; iodized Lime gr. 1: or, Strychnine arsenate gr. 1-128; Iron arsenate gr. 1-32; Manganese phosphate gr. 1-32; Zinc phosphide gr. 1-32. Strychnine, to restore vitality, given in ascending dosage to effect, is indicated in most cases. Massage, application of galvanic current, cupping and salt sponge baths have a like effect. Constipation should not be allowed and the following laxative will be indicated, with the salines: Cascara Compound (Hinkle); or, Cascaroid gr. 1-6; Strychnine sulphate gr. 1-128; Leptandroid gr. 1-12; Emetoid gr. 1-64; Prenolphthalein gr. ½: or, Phenolphthalein grs. 1½; Senna grs. 1½; Sulphur gr. ⅔; Aromatics q. s. In the chronic stage the following are indicated: Calcium lactophosphate to supply Lime and phosphorus deficiency; Myricoid as an alterative and hepatic stimulant; and the following as a tonic and reconstructant, Defibrinated blood m 30; Manganese peptonate gr. ½; Iron peptonate gr. 1; Nuclein solution m 5. As intestinal antiseptics, Calcium sulphocarbolate or culture of Bacillus Lactis Bulgaricus. As improvement takes place the patient should be placed in the open air and given gentle gymnastic exercises. Care should be taken not to allow the occurrence of bed-sores when case is prolonged. The digestant compounds may be required.

PRIAPISM.

The antierotics, relaxants and elimin-

ants usually meet the indications. Among the first two, which have been found of service are Salicin and Calcium sulphide to saturation, in full doses; monobromated Camphor gr. ½ to 1 every 3 hours; Lobeline sulphate or Lobeloid, to full relaxation, if case is acute, with Apomorphine, hypodermically, in the pronounced cases, and to prevent recurrence, Scutellaroid, Cypripdoid, Solanine and the bromides. To force elimination, the salines pushed. If there is acidemia the Sodium and Xanthoxyloid compound is indicated and should be pushed until the urine is normal in acidity. The patient should take open-air exercise.

PROCTITIS.

This may be due to tight sphincter, which should be repaired; or to hemorrhoids, which should have suitable treatment, or it may be due to other and deeper underlying causes, which should be hunted out and corrected. The bowels should be relaxed through the use of either of the following, associated with the salines: Cascaroid: or, Phenolphthalin gr. 1*; Sulphur gr. ⅔; Aromatics q. s.: or, Cascaroid gr. 1-6; Strychnine sulphate gr. 1-128; Leptandroid gr. 1-12; Emetoid gr. 1-64; Phenolphthalein gr. ½. For their alterative and astringent tonic effect, the following t. i. d., Collinsonoid, Hamameloid and Hydrastoid, of each gr. ⅓. If necessary, to relieve pain, Hyoscine hydrobromide gr. 1-400; Morphine hydrobromide gr. 1-16; Cactoid gr. 1-128; Pilocarpine hydrochloride gr. 1-64; Caffeine gr. 1-32, per os. As a tonic and alterative, Strychnine arsenate gr. 1-64; Quinine arsenate gr. 1-32; Iron arsenate gr. 1-32; Nuclein solution m 8; iodized Lime gr. 1. Locally the following ointment, freely applied, dried Alum grs. 5; Ichthyol grs. 10; Phenol grs. 5; Basilicon ointment q. s. to make oz. 1, which may be alternated with a solution of Thymol iodide grs. 40 to the ounce of vegetable oil, the latter to be injected, just within the internal sphincter, one dram every second or third night. Locally, to relieve pain, an ointment carrying Hydrastine, Bismuth subgallate, Thujoid, Orthoform, and Glycerine. A mixture of Tannic acid, White Lead, Sodium sulphocarbolate in a petrolatum base, is useful in the later stages. It should be remembered that the fundamental features of proper treatment consist of relief of local tension by forced dilatation, sedation locally, and correction of constipation, the latter being the cause in the majority of cases.

PROSTATITIS, ACUTE.

Sedation, both locally and generally, is indicated. Locally, on retiring the following in suppository form: Distillate of shale Tar m 5; Papain gr. ½; Hyoscyamine sulphate gr. 1-500; Suprarenal gland gr. 1-6; Cocoa butter q. s. and every third night rectal injection of Thymol iodide, grs. 40 to the ounce of vegetable oil, one dram, with injections of the latter m 10 into the prostatic urethra. The passage of cold steel sounds and vibratory massage of the gland, the first twice a week, the latter once, may act well. For general sedation of the circulation, with equalization thereof, Aconitine hydrobromide gr. 1-800; Digitalin gr. 1-64; Strychnine arsenate gr. 1-128, morning, noon and night, with Hydrastoid, Ergotoid and Hamameloid, t. i. d. for their astringent tonic effect. Elimination, in all cases should be forced through the use of the salines, and if there is acidemia, the Sodium and Xanthoxyloid combination should be used to effect. Chromium sulphate has been employed with good results in chronic cases, particularly so in senile cases, in conjunction with the suppository and Thymol iodide solution, mentioned above. Sodium cantharidate, gr. 1-5000, acts as a synergist to the above. If there is pain, Hyoscine or Hyoscyamine; if there is cystitis, Arbutin, Hexamethylenamine or

one of the following: Hexamethylenamine grs. 5; Arbutin gr. ½; Sodium benzoate grs. 5, if the urine is acid: or, Hexamethylenamine grs. 3; Arbutin gr. ½; Ammonium benzoate grs. 3, in urinary alkalinity. Cold sponging and moderate out door exercise to insure dermal elimination and to correct metabolism, are indicated. In every instance, the stimulants, coffee, tea and alcohol, with spices, should be forbidden. In specific infections, the Gonococcus-Bacterin or Gonococcus-Combined Bacterin are indicated. Surgical interference may be required.

PROSTATORRHEA.

Determine the cause in all cases, and treat complicating urethritis, cystitis or acidemia. As an antispasmodic, Hyoscyamine; to relieve congestion and irritation, Arbutin; for its astringent effect, Hydrastoid, 3 or 4 times a day. These may be alternated with Brucine and Ergotoid. As an intestinal antiseptic and general sedative, in recent cases Zinc sulphocarbolate gr. 1; Codeine sulphate gr. ¼; Hyoscyamine sulphate gr. 1-1000; Strychnine sulphate gr. 1-128. In cystitis, with acid urine, Lithium benzoate; if urine is alkaline, Ammonium benzoate; if there is acidemia, the Sodium and Xanthoxyloid compound. Locally the solution of Thymol iodide and suppository, mentioned under prostatitis. Senecoid may be indicated as a tonic to the reproductive organs; Thyroid as an alterative; Salicin as an antirotic. The salines are invariably indicated.

PRURIGO.

Locate and correct the cause. Due to acidemia in a major proportion of cases. The initial treatment consists in the emptying of the bowels with Calomel, Irisoid and Bilein at night, followed by morning saline to effect. To insure intestinal cleanliness and to sedate, the sulphocarbolates, with Veratrine and Coniine, the latter in small dose, this to be followed by culture of Bacillus Lactis Bulgaricus. If there is marked acidemia, the Sodium and Xanthoxlyoid compound or Calcium carbonate grs. 10; Lithium carbonate gr. 1; Colchicine gr. 1-500; Aromatics q. s., to effect. In rheumatic cases, Salicylic acid gr. 1; iodized Lime gr. ⅓; Colchicine gr. 1-250; Bryonin gr. 1-128; Macrotoid gr. 1-12; Boldine hydrobromide gr. 1-64; Aromatics q. s. Sponge baths of creolinated or carbonated, Epsom-salt solution, both for antiseptic effect and to stop itching. Locally, to affected parts, the distillate of shale Tar or the following ointment; dried Alum grs. 5; Ichthyol grs. 10; Phenol grs. 5; Baslicon ointment q. s. to make oz. 1. To prevent recurrence, Calcium chloride, alternated with washed Sulphur gr. 1-32; Strychnine arsenate gr. 1-128; Podophyllin gr. 1-64; Collinsonoid gr. 1-128; Berberine hydrochloride gr. 1-128: or, washed Sulphur gr. 1-10; Strychnine arsenate gr. 1-250; Podophyllin gr. 1-25; Rheoid gr. 1-25; Carminatives q. s. The following eliminants and alteratives have their indications: arsenous iodide, Alnuoid, Xanthoxyloid, and the following combinations: Iodized Lime gr. ⅓; Phytolaccoid gr. ⅓; Stilingoid gr. 1-6; arsenous iodide gr. 1-64; Nuclein solution m 4: or, Echnicacoid gr. ½; Irisoid gr. ⅓; Rumicoid gr.⅓; Alnuoid gr. ⅓; Cascaroid gr. ½. As a tonic alterative, Strychnine arsenate gr. 1-64; Quinine arsenate gr. 1-32; Iron arsenate gr. 1-32; Nuclein solution m 8; iodized Lime gr. 1. Liquor Arsenii Comp. (Barclay) meets the indications in long continued, stubborn cases.

(To be Continued)

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The use of strychnine and atropine in full doses, repeated to maintain action, is said to prevent sea sickness.

Radical reforms do not commend themselves to a man; what he really wants is that you shall enable him to go on sinning.—Clinical Medicine.

SHOULD WE TEACH LAW IN OUR PUBLIC SCHOOLS

J. W. LOCKHART, M. D.
St. Johns, Wash.

The propriety, or advisability, of teaching statutory law in the public schools of this country has been suggested by an able correspondent to the Medical Recorder. Statutory law is a very large and hard study and a long lifetime would be far too short for its complete mastery. Even a cursory, or birds-eye view, of statutory law can not, for obvious reasons, be successfully taught in our public schools, already over crammed with hobbies to the everlasting injury to the school and consequent damage to the state.

In the first place the child mind, until it has advanced far beyond the public school, is wholly unprepared to digest and assimilate law as it is generally found in our statute books. To the child mind, law as it is written, would only too often be a confused and confusing mass of verbiage, often contradictory and frequently construed by the courts to mean almost anything but what the plain English implies.

In the second place, no ordinary teacher is competent to teach law in the public schools, or elsewhere, until he has taken a thorough course in law. If law should be taught at all in our public schools, at the public expense, it should be correctly taught. But how can this be when the law itself is constantly changing, and what is law today is not law tomorrow? For instance: Four years ago I paid twenty dollars for a copy of the most recently revised law code and statutes of this state. Since then two state legislatures have come and gone and with them went glimmering several hundred sections of the codified laws. Two large volumes of session laws have come in their stead and it is only by the most painstaking comparisons that the law can be determined. Having made such comparisons and having determined what the law is in plain English it is then often necessary to look through several volumes of court decisions on the point involved. Another objection to teaching law in our schools is its extreme prolixity and minutia of detail, in some places almost incomprehensible to lawyers, and totally so to the child, or even the average young man in our schools.

However, it is evident that there are certain fundamental principles which are at the base of all just laws and of all righteous government. These principles are the imperfect crystalization of moral ideas that have come down to us through the many centuries of human existence. They have been sifted and purified in the fire of human experience, adapted and readapted to human necessities when the exigencies of progress have so demanded.

Statutory laws, of course, are very far from being perfect, for they mirror not the perfections but also, in too many instances, the imperfections of a confessedly imperfect civilization. The stream, of its own initiative, cannot rise above its source, but the principles on which all law worth the while is grounded are immutible and can not be changed. Many of these principles have been so definitely and clearly stated that they soon become obvious, even to a child in the primary grades. These basal principles of morality which in their further anaylsis and development, become statutory law, I would have grounded firm and deep into the mind, heart and conscience of every child in our public schools and out of them. What teacher of the primary grades could not demonstrate the elementary principles of property rights and clinch the argument with the

authoritative, "Thou shalt not steal." Have you ever stopped to think how much of our statutary law is based on those four words? Probably two-thirds of our statutory laws are enacted for the purpose of preventing the infringement of property rights, stealing and robbery in some of their protean forms. In fact it is because humanity is so prone to infringe the personal and property rights of others that law is necessary. It is not so much law that we are in need of as a due reverence and regard for the most elementary principles of law and from no book in the libraries of the world can those principles be better taught, and a reverence for them instilled in the child mind than from the Bible.

"Thou shalt not bear false witness against thy neighbor" may not only be regarded as a divine command, but as an elementary principle of sociology, obedience to which is absolutely necessary to human progress. So considered in their right light every biblical command or law is found to be a concrete part of the great sociological structure we call civilization. It is all summed up by Isaiah when he says: "The work of righteousness is peace; and the effect of righteousness is quietness and assurance forever." Did righteousness, or right doing, ever work anything but peace?

Let us restore the Bible to its natural place in our common schools and inculcate a reverence for the moral laws and precepts therein contained and we will have but little use for statutory law in our schools. The Bible is not only a "thus saith the Lord," but it is also the best book ever written on scientific sociology. It deals with man as he has been found in the past and as he exists in the present, not an unnatural hero of fiction, a creature of the imagination, but as an actual existent fact, with the best of aspirations, and human incompetency.

I would not, however, exclude statutory law entirely from our public schools, especially the higher schools. I think much good might accrue from having the state code and session laws in the library of every school, and also some such work as Dunlap's "Elementary Principles of Law" as a sort of key to their use. The underlying principles of law is what the average citizen is primarily concerned with. I would insist that the state laws be furnished free to the public school libraries just as they are now furnished free to most state, county and precinct officers.

I would also have the school laws of the several states so amended that school officials might hire lawyers of good reputation to deliver lectures in the schools on some fundamental principle of law such as trespass, bailments, equity, criminal jurisprudence, good citizenship, etc., etc.

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IS CIRCUMCISION a FAKE Or is it of REAL VALUE

JOHN A. BURNETT, M. D
Hartshorne, Okla.

I will give a few quotations and allow the reader to form his own opinion as to whether circumcision is a fake or of real value.

Edgar (a) says, "In both private and hospital practice I insist that firm adhesions should be promptly reported to me. In one of my services at New York Maternity two cases of persistent infantile convulsions were promptly cured by circumcision."

Dr. N. L. D. Johnson (b) said, "I would like to make a report on circumcision. In 1902 in the ——— school in Chicago we had 126 boys who had failed to make their grades between the ages of seven and eleven years. The Health Commissioner, together with the Superintendent of Public Instruction, were much concerned because there were so many at this particular school. I happened to be school physician at the time, and I suggested that 100 of those boys be selected, the proposition presented to the parents, and if we could get 100 to consent to circumcision we would study the results on the boys. We did so. ninety-six of them made up their lost time, two per cent managed to hold their own, one per cent went back and one died. The child that died happened to have hemophilia and unfortunatey the one who operated did not use a local anesthetic and got out of the house without seeing that the hemorrhage was properly controlled and the child died. But the ninety-six who made up their time appeals to me as being a good argument for circumcision. I want to say further that out of these 126 boys 119 had partial r complete phimosis."

In giving the treatment of balanitis and postititis Dr. Schmidt (c) says:

"In all chronic cases circumcision should be resorted to, and as a prophylactic measure against other attacks after an acute case has subsided."

Dr. Da Costa (d) says:

"Congenital phimosis causes retention of sebaceous matter, which decomposes and lights up inflammation and the prepuce is apt to grow fast to the glans congenital phimosis may induce irritability of the bladder, incontinence of urine, prolapse of the rectum, and various nervous symptoms. The treatment is circumcision."

Dr. Lanphear (e) says, "Many nervous symptoms of childhood depend upon or are aggrevated by retained smegma and adherent prepuce; many inveterate masturbators owe their trouble to the same cause. So every boy's prepuce ought to be examined from time to time and early cicumcision made in every case where there is any serious trouble present. Practically all doctors are too careless about this matter."

Dr. Standlee (f) says, "A great many surgeons and gynecologists overlook the conditions of the prepuce of the male, or the hooded clitoris of the female. Sometimes it may be the very most important thing to see that these abnormal conditions are corrected. Chorea in the female child has been cured without a drop of medicine, and it was accomplished by the operation on an adherent prepuce. Sexual frigidity and epileptical hysteria have been relieved by detaching the hood from the clitoris. The diseases are too numerous to mention whereby performing circumcision will relieve tension on the nerves thereby bettering the condition of the patient."

In regard to redundant prepuce in the female Dr. Ashton (g) says, "A

large, flabby, redundant prepuce is occasionally met in children. These individuals are apt to form the habit of masturbation on account of local irritation which is produced, and unless the deformity is relieved by operative measures a serious neurotic condition may develop."

In regard to the treatment he says, "The treatment consists in the excision of the redundant skin and approximation of the raw edges with sutures."

He gives the operation as follows:

"A general anesthetic should be employed. The prepuce is seized on each side with forceps and divided with a pair of straight scissors along the dorsum of the glans. Each half of the divided prepuce is then removed with scissors and the raw surfaces covered over by uniting the edges with interrupted catgut sutures."

Dr. Morris (h) says, "Preputial adhesions are rather more frequent in girls than in boys; they cause practically the same kind of disturbance in girls as in boys, and need quite as radical treatment."

Further on in discussing female circumcision Dr. Morris says:

"The most striking results are obtained in the youngest children, or, at least in girls less than ten years of age."

The reader will see some of these quotations are from our highest authorities so I will leave them to be their own judge as to whether circumcision is a fake or of real value.

I hope at least no matter what the reader's opinion is that this will stimulate investigation on this subject.

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FADS AND FANCIES

J. K. ETTER, M. D.
Crawfordville, Ind

Wisconsin Medical Recorder:

Fads and Fancies have become too common in the medical profession within the past few years, especially so in the surgical procedure. First one fad strikes the profession and then another. Probably one of the latest is Appendix operations. It has become so much of a fad, that a person can hardly go in good society unless they have had their Appendix removed. Every cross roads doctor must make an operation to establish his reputation in the community. An eminent Surgeon in Chicago even went so far as to advocate the removal of the Appendix from all children before the age of two years—this is what we might term surgery run wild. Then a few years ago, a large number of "Fad" Doctors could be seen running around with Sulph-Hydrogen bags on their backs, injecting the sweet perfume into the Rectums of nearly ever patient that came to. The object stated was, to cure Pulmonary Tuberculosis where it existed and to prevent it, or as we now say immunize" them, but I always thought they were working on the wrong end of the patient, yet they got many people to

submit to their foolishness—but where is the fad gone to? Then came along the Germ theory of disease, which suddenly flooded the market with all sorts of Bacterins and Serums. The only thing necessary to get Doctors to use them, was that they were discovered by some one with an unpronounceable name, and from some tongue twisting town in a foreign country. Soon after Salvarsan had been on the market, I heard a Doctor read a paper before a medical society, setting forth the wonderful results he had obtained by its use, until one would have thought that Syphilis was doomed to be swept from the face of the earth. In less than a year thereafter, the same Doctor read a paper before the same society, stating that he had found Salvarsan almost inert, and that Neo-Salvarsan was one of the greatest of remedies. I suppose his next paper will extol Jim-Salvarsan, or Bob-Salvarsan. This is probably only one case in thousands of Doctors who played the fad for all it was worth while new, the same as they did the gas-bag theory. They now have Bacteria injections to cure everything from an ingrowing toe nail to Bright's disease. It is funny to read the various theories that are put forth by men who claim to be "High Ups," and to hear them talk about 5,000, 10,000, 100,000 units at a dose. It must surely be awe inspiring to their patients to know that so many dead Microbes are mingling with their blood. The theory of some Doctors is that the cure of the disease is likened to a battle between the ones injected and the ones inhabiting the patient, but I do not believe that the dead microbes could put up a very stiff fight, so would suggest the following theory as to the mode of cure, if they ever do.

It is a well known fact that the higher animal creation lives to a large extent on those of a lower order, and we have cannibals in all of the various orders. It is also known that the animal eaten, is generally dead, so I would rather believe that the live Germs are such gormandizers, that they overload their stomachs with the dead ones, that they have acute indigestion and possi-ve enteric troubles which kills them

The disease known as "Fads and Fancies" has become so prevalent, that the columns of medical journals are so loaded with wonderful cures, that little space is obtainable for the benefit of the good old family Doctor. The Doctor now who would claim to cure any disease by internal medication would be dubbed a back number, by the too much up to date Fadists. However, once in a while a medicine man gets in his work, as was evidenced by a seven and half column article in your October number. It is possible to overdo medical treatment as well as other lines mentioned above, as I conceive the above writer did.

In his article he mentioned treatment for sixteen diseases, in part as follows. For Hysteria, that is not considered by good writers a disease at all, he suggested fifty remedies. In Heart Troubles, as he calls it, eighty-seven—in LaGrippe, fifty-four—in Herpes Zoster, twenty-eight—in Icterus, thirty-two—in Hives twenty-five, and so on down the line. Is it any wonder that patients would rather submit to almost any kind of surgery, or of being pumped full of dead matter, than to have to run the gamut of such a formidable list of remedies. If the Medical Profession would be more conservative in their statements regarding new remedies and surgical Fads, the pendulum would not swing so dangerously far out of line. The Regular profession have been kicking Homeopathy for many years, but the present Germ theory of curing disease comes very near establishing their theory of Simillia Similabus Curantur, so it is possible that we may all become united in one happy family. New remedies and new modes of treat-

ment are all right, but we should not let our fancies for Fads, get the better of our sober judgment. We should be very careful that we have used a remedy, or a surgical procedure a sufficient length of time, and under divers conditions, before we applaud it as one of the seven wonders of the world.

From the view point of one who has practiced medicine for near forty-years, one swallow does not make a summer, nor a few apparent successful cases establish the potency of a remedy, as it is well known that a large per cent of people get well without medicine, and some in spite of it. The exploitation by Proprietary Drug houses through the unconscious aid of Physicians, has done much to do with the promulgation of Fads.

After they have swiped in all the Doctors they can, they then advertise it through the lay press, and manage some way to have a number of Physicians' names attached to their advertisements, intended for the public. The Friedman Turtle soup Fad, came like a tidal wave, threatening to deluge the whole country, and no doubt but that some people made plenty of money out of it, while on its crest. The advertising of the wonderful cures was so vivid, that one could almost see Turtles hanging on trees as a token of good health and prosperity. It is high time that the medical profession comes down from its aeroplane of Fads and Fancies, to the terra firma of common sense.

It is easy to talk learnedly about the treatment of marasmus; but after all, the treatment is a good wet nurse. Then, if she is a good child's nurse in addition, and understands eugenics, all may be well. And don't forget that marasmus is apt to spell tuberculosis a little later on.

ELECTRIC LIGHT TREATMENT OF INFECTED WOUNDS.

By H. C. Bennett, M. D., Lima, Ohio.

Chaput (Presse Medicale) reports marked success in the treatment of sluggish leg ulcers, third or fourth degree burns, lymphangitis, traumatic gangrene, ulcerated cicatrices, etc., from the use of an ordinary sixteen candle power electric bulb, with reflector. The reflector, with bulb attached, is placed on either side of the affected area on folded towels, the bulb being kept as near as possible to the lesion without causing an unpleasant sensation of heat. The treatment was applied daily or on alternate days for an hour. It was observed to cause a copious outpouring of serum at the affected area and a surrounding patchy erythema which disappeared a few minutes after the end of the exposure. Rapid healing of previously rebellious ulcerations and disinfection of local infectious processes were secured by the author with this procedure. In a case of osteomyelitis with sinus formation and severe lymphangitis of the leg and foot, the electric light treatment annulled the infectious process and overcame sepsis in the bone after a few sittings.

HYDRASTIS.

Until 1880, the price of golden seal root was about ten cents a pound. Since 1911, growers and collectors have received from $3 to $4.25 a pound. The market is rising and takes all offered. Farmers Bulletin 613 tells about its cultivation. While it costs about $1500 an acre to start and requires four to five years to bring to maturity, the product runs 2000 pounds per acre, worth $8,000. That beats Wenatchee apples?

MISCELLANEOUS

A DUTY—STANDING BY OUR COLORS.

By J. A. De Armand, M. D., Davenport, Iowa.

Of books, journals, papers, and reading matter there is no end. Truly it is beyond the possibilities of human accomplishment for man to read all there is printed, even to read what is currently printed in the journals devoted to medical accomplishments. Once in a while however, it does one good to read not only freely of the "high brow" articles where hairs are accurately split and dreams are painted to closely resemble the real, but it is also well occasionally to scan the trashy stuff that often creeps into cold type and shows the other extremes, that records the growl of the discontented, the wail of the malcontent who has failed to be accepted by the public at his own estimate of his worth and who in short is ready to damn the profession that gives him honor, position and standing in a community if he will but deserve them. Nobody has ever thought that all who graduate from Medical College will be or can become successful practitioners of Medicine. Every profession known to man or calling that gathers to itself the symtoms of professional standing turns out its failures. The clerical which boosts itself into prominence by the volunteer assumption that deity has some hand in their "calling" manages to put the garment of wool upon as many legally odoriferous goats as any of them and so it goes and ever has gone.

The medical man who cares to while away a few vagrant minutes needs to read the initial article in the Medical Recorder for July. It is written by a man who spent four years in the offices of a couple of presumably reputable physicians, graduated from a New York Medical College of good repute, spent some time in cities of the old world, has been located in four states of the Union, and finally presents a plea for the abolishment of all State Examining Boards and thereby creating a Medical quagmire where every man takes care of himself and presumably the devil gets the trailers. It has been my good fortune to have represented my county in the State Legislature and while there I have met up with plans and schemes of various short-cut-route advocates whereby the doors of Medical practice might admit uneducated boobs who eagerly sought to gain a lazy, easy livelihood by idle claims and silly attempts at curing ills they knew nothing of, but the Recorder's contributor would wreck the ship and drown all on board because for sooth he has failed to make good or has discovered a lot of bosh misnamed truth.

Medicine never was and never will be an exact science and it ought not to have taken a student anything like four years even in the outer offices of a Doctor to establish that fact. It is simply side tracking the question to say that there is some truth or some good in every system or medical pathy. It also is dodging the main question to say that prominent people in every neighborhood are loud advocates of hair brained conceits of howlers about lack of "freedom" when in reality their howls are because there are jails for law breakers. Through ignorance, prejudice "meanness," religious, bigotry, and a score of reasons many people oppose Medical treatments for human ills. The history of medicine shows clear as day that the fact has always been held in mind by the guardians of public safety that it was not in the interest of public policy to let people proceed upon the theory that they knew it all or not knowing it all could do as they pleased. Poisons

have always been so marked and yet in how many cases is the associate of such articles unable to read? The man who can read has no trouble in finding out for a certainty that epidemics of typhoid fever and diphtheria have decimated whole communities in times past and that through the efforts of medical men both diseases have had their wings shorn to the end that neither is held as dangerous except where made so by the stupidity of those who will not seek competent aid and where stolid ignorance seeks to emulate the ostrich in close pursuit. Again the religious fanatic who assumes to have a stand-in with the maker of the Universe bigotedly denies the existence of anything but "error" and presumptiously announces his ability to cure everything even though there is nothing, at this day and age for supposedly educated and intelligent men to urge the wrecking of all border lines thereby giving the goat a clear bill of health shows to what base ends we may come.

It has seemed to me that a plan calling for the same examination for all omitting if you will all examination as to remedies used or to be used should keep the profession on a basis of intelligence and not subject it and the people to the onslaughts of the mountebacks who have failed because too dense or too lazy to work. The life of the capable, conscientious phyisician is one of incessant toil. The man who enters the medical profession in the belief that it is a lazy man's job of ease and idleness with plenty of cigars and good clothes as perquisites will always fail, in fact is a failure to begin with.

The practice of Medicine is an honorable, dignified calling. It demands brains and the persistent use of them. It is a calling that the honest worthy man ever aims to keep clean and dignified. It may fall short of supplying some of the financial returns he wished for amounts but it never fails to give honor where honor is due. In every community in the land the worthy doctor is revered and upon his judgment hearts all but burst with joy or wither in despair. Will Carleton and others have sung in tenderest mood of the passing of the good old doctor and of the debt the community owed to the fallen hero who died that health and happiness might come to the sons and daughters of men.

A farmer friend of my childhood days used to deprecate the corn stealing crow as a bird that put itself outside the pale of birddom because it fouled its own nest. It is given to only a few of us to achieve renown in our chosen profession but it is given to the least of us and all of us to bear the professional banner aloft without once letting or allowing it to trail in the dust. When life's setting sun finds us unrewarded in coin of the realm we may still enjoy the satisfaction had by the general of history who when about to start for the field of battle and being wished success by the friends gathered at his side said, "I will do more than achieve success, I will deserve it."

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RAPID RELIEF IN ACUTE LUMBAGO.

Dr. William Haig advocates: 1. Deep thumbing of the lumbar muscles, in the process of which a painful area is usually found either in the middle line or to one or other side. 2. Fixing the part of the vertebral column below this painful region by firm pressure of the thumb on each side of the spine. 3. Making the patient perform movements of flexion, acute dorsiflexion, lateral flexion, and rotation. The result is cure of the attack of lumbago, inasmuch as the patient is able at once to return to his work, and in no case has it been necessary to repeat the process.

SOME MISTAKES IN MAKING BLOOD TESTS.

By Frank P. Davis M. D., Enid, Okla.

Josh Billings once asked, "What's the use of knowing so much when what you know ain't so?" This question is applicable to the man who is making blood tests. There is always an element of doubt in the findings of the average haematologist. There are many things which may puzzle the investigator and lead him to jump to conclusions entirely erroneous Many of these sources of error are pointed out in the text-books but there are many omissions It is of a few of these omissions that I desire to speak at this time. Not that what I say will be altogether new, or that I have any orignal methods to guard against these mistakes.

We frequently hear of some great discovery that has been made by some one in examining a specimen of blood—a discovery that fails to show up when others look for it—and it soon becomes doubtful if the thing discovered can be found in any except the slide used by the "discoverer." In the same way many cases of erroneous diagnosis have been made by men, who, in examining a certain specimen have found bodies that resembled those of certain diseased conditions and have hastily confirmed a diagnosis when the patient was entirely free from the disease. It is this possibility of mistakes against which we should guard.

It is not uncommon for substances from the outside becoming incorporated with the blood. We have all heard of the example of the hair of insects and cotton fibres being mistaken for filaria. These examples impress on our minds the necessity of the utmost cleanliness and care.

Whenever any puzzling or doubtful bodies are found it is wise to prepare a fresh specimen if possible

Great care should be exercised in drying films lest the wind blow foreign bodies upon them. Yeast spores sometime develope in blood films when not properly dried.

Instances where the blood has been exposed to the stomach contents with the result that shreds bearing a close resemblance to parasites appear are not uncommon. Many men have been fooled into believing they have discovered a new blood parasite from this cause alone.

The hair of animals and even the feathers of birds have been known to gain access to the blood specimens, and some peculiar organisms may thus appear to confound the hematologist.

It is well to recall that a parasitic blood infection appears in multiples and that a single specimen of blood parasite is seldom found. Should we discover what appears to be a new parasite, and find only a single specimen in at least two slides, it is well to dismiss the thought, as such an instance would be very doubtful.

Yeast cells are comparatively common, and are not easy to detect. They have caused many investigators to make mistakes. It is best to make up a fresh specimen before making a final decision.

Sometimes the use of blotting or filter paper used in drying slides is the cause of trouble. Not only may blood be carried over from another specimen, but there is danger of small particles of the paper becoming dislodged and gaining access to the specimen.

It must not be forgotten that cocci and bacteria also get into the blood at times.

In considering unstained blood it is possible to find broken down leucocytes lying on red cells and thus present a puzzling condition. They may be distinguished, however, as they have no amoeboid movement and may be differentated by focussing. It is advisable when a body is found in this position

to look for a similar body in the plasma. Malarial plasmodium may be stimulated by a platelet lying on a red corpuscle, but is distinguished by its being more opaque and less refractive.

When blood is heated a series of bead-like bodies frequently appears. And it is barely possible that the extreme temperature in fevers may so change the blood that it is difficult to get at the precise condition. Drugs like methylene blue and atropine may cause flagelates to appear.

Some one has said that in making a diagnosis we should be sure we are right, then look again. This is certainly good advice to one making a blood test.

THE TREATMENT OF CROUP.

By D. J. Smith, M. D., Bancroft, Ida.

In twenty-two years of active practice, I cannot recall more than five cases of membranous croup, three of which were without doubt due to diphtheria. The other two in the absence of bacteriologic diagnosis, may have been diphtheric but were diagnosed true membranous croup. The exudate was not seen on the fauces, but there was no rise in temperature, there had been no exposure to infection, both cases recovered, there was no other cases in the families affected.

Case No. 1. Fine robust boy age three years, had been exposed to wet and cold, with the development during the night of a hoarse croupy cough and some dyspnea, growing worse and the usual remedies for croup proving useless. Was called the second night and found the little patient struggling for breath, cyanosed and with a very croupy cough. Syrup of Ipecac had been given but had not produced vomiting, so gave emetine gr. 1-18 in hot solution every five minutes. A few doses gave results but with no great relief in the dyspnea. I prepared a mixture of emetine, ammon. chlorid, and lobelia, giving a teaspoonful every quarter hour, and steamed the patient with vapor of slaked lime. This gave a little relief, but no satisfactory improvement took place until the patient was given tincture of iodine in one-half drop doses every half hour, and an oily spray containing iodine and other drugs was used freely. The disease lingered on for some few weeks and finally recovered. The previous history disclosed that the patient had been afflicted the year before and had vomited a thick membrane. No membrane was seen during this last attack but may have been vomited or have escaped attention. This patient recovered in spite of treatment and would have recovered probably without any treatment. There were three other children exposed daily in cramped quarters without developing the disease. I saw this case in 1894.

Case No. 2. Boy of four, never very strong, had pneumonia at one year, followed by mitral regurgitation, then scarlet fever at three, and measles with pneumonia three weeks before the development of croup. This case was characterized by increasing hoarseness and dyspnea, without any rise in temperature, no membrane in fauces, none in nasal cavities, laryngoscopic examination impossible on account of struggling, treatment of no avail until calcidin was given in large doses in hot solution. In a few hours, relief was complete and a piece of membrane was coughed up about an inch in length with no recurrence to date. In this case diphtheria antitoxin was given freely, followed by antistreptococcic serum, but without result.

This case was seen in 1913. The other cases were treated by large doses of antitoxin and one died.

In every case of spasmodic croup, acute laryngitis, hoarseness, I leave

with the patient a solution of calcidin, with directions to give a teaspoonful every ten minutes until relief. Also give emetine, and later, potass. dichromate for any remaining hoarseness. For the fever, if present, aconiine hydrobromide and gelseminine hydrobromide in proper dose every hour or two and free purgation. Lately, I have used Subculoid Lobelia with benefit.

For true croup, the opinion of competent observers seems to point to the great usefulness of calcidin, or the dark iodide of lime.

One case of croup recurring every spring and fall with lack of development of body and a tendency to respiratory trouble, was finally conquered by calcidin, the boy growing rapidly into a robust and active youth.

UNITED STATES CHAMBER OF COMMERCE TO STUDY FOOD AND DRUG QUESTIONS.

The Chamber of Commerce of the United States of America, a body composed of representatives from about 600 local boards of trade, chambers of commerce, and trade associations, widely distributed throughout the United States, has taken up the study of the subject of uniform food and drug regulation. For this purpose a special meeting was held at the headquarters of the Chamber in Washington, October 8th. The committee is composed of Willoughby M. McCormick of Baltimore, A. J. Porter of Niagara Falls, John A. Green of Cleveland, B. L. Murray of New York, and Theodore F. Whitmarsh of New York. Mr. McCormick, the chairman, is a member of the Board of Directors of the Chamber of Commerce of the United States and the head of the firm of McCormick & Co., manufacturers of extracts and drugs and importers of spices and teas; Mr. Porter is president of the Shredded Wheat Co., Mr. Murray is chemist to Merck & Co., and Mr. Whitmarsh is vice-president of Francis H. Leggit & Co.

The first meeting of the Committee was devoted to organization and the preparation of a program for the committee's future work. The following resolution was adopted:

Resolved, That the Chairman be and he hereby is authorized and empowered to appoint two sub-committees to consider, respectively, the problems relating more particularly to food control and to drug control, and to report their findings to the general committee.

As a result of the above resolution Mr. McCormick appointed Mr. Murray as chairman of the sub-committee on drug control and Mr. Porter as chairman of the sub-committee on food control.

The following resolution commending the efforts of the Department of Agriculture tending towards co-operation and uniformity was also adopted:

Reslved, That this committee hereby earnestly and heartily endorses the establishment of the bureau in the United States Department of Agriculture, particularly concerned with Federal and State co-operation in the enforcement of the Food and Drug Control Laws, thereby promoting an equal and uniform enforcement of such laws, believing that this work is distinctly in the public interest.

The position taken by the committee on the meaning of uniformity is interesting and will repay close examination. Its views are not confined to a limited horizon, but are intended to grasp the boarder and wider fields. Its efforts will be confined to no organization or class of people. It hopes to cover in its endeavors the position of the wholesaler, the retailer, the consumer, the manufacturer, the official, and all others concerned in the production, handling and consumption of

food and drugs. But only the broad, general questions of national character will be considered. After a lengthy discussion the committee at its meeting, by uanimous vote of all present, adopted the following regarding uniformity:

Uniformity as the committee would define it involves the highest degree of efficiency in food and drug control which it is possible to have prevail universally and equally in every part of the nation. The Federal, State and Municipal laws and their regulations would, if perfect uniformity were obtainable, reach the level of full and complete efficiency—and thereby afford equal protection and a uniform standard of living for all the people. Uniformity accomplished places merit and the general public interest over local political or geographical divisions. This committee will, therefore, direct its efforts and consideration toward the accomplishment of uniformity. The committee cannot but feel impressed with the magnitude, the importance, and the seriousness of its work. It cannot but feel the need for the closest study of the subject. And again the committee cannot but feel the necessity for the fullest and most cordial co-operation between itself and the officials and all others concerned. The committee will, of necessity, act deliberately and slowly, making sure of each step, considering only the imuortant problems of national character.

SERMONETTES.

By Frank P. Davis, M. D., Enid, Okla.

A. D. Brown of the Hamilton-Brown Shoe Co., St. Louis, has a picture of a friend, of whom he told a reporter with feeling, "That boy and I slept in the same bed over the store in Columbus, Miss. We were fellow clerks at my uncle's and very close friends. I came up here and went into the shoe business and he became one of my right hand men. But he is now in Bellfontaine Cemetery. He smoked." There can be no question but breathing in tobacco smoke is injurious. As Oscar Schlief says, "The smoker may not breathe the smoke into his lungs. There is no doubt, however, that his neighbor does." I have often wondered why men who smoke have so little respect for the non-smoker, and persist in smoking in his presence or where he is compelled to inhale the smoke. Just outside my reception door is a sign reading "Ye who enter here leave your cigar behind." I could not permit any person no matter what his station to smoke in my office where I am compelled to work. This isn't crankiness but tobaco smoke is offensive to me, and then I had control of a feeble minded institution at one time and I have never seen an inmate of such institutions whose parents—one or both—were not tobacco users.

RUTS.

"Ruts are indentations worn in various ways—highways and business ways, for instance—and in both of these they are serious and costly hinderances. You may have gotten into a really deep rut and are quite unaware of it." Thousands of physicians are in that plight and never dream of such a thing. If your rut is not very deep perhaps you can see over it and note that your anterut competitors are getting the practice. The man of one idea is dangerous. Don't get into a rut and concentrate all your mental capacity upon one branch of your profession. While we have appendicitis, small-pox and diphtheria to contend with, the meek and lonely measles are still claiming a very large per cent of the patients demanded by Father Time for his annual harvest. Chicken-pox, earache and epistaxis have not gone out of fashion either.

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Reports and items of interest are gladly received.

VOL. 18 JANUARY, 1915 No. 1

THE HARRISON ANTI-NARCOTIC LAW.

At the request of a number of our readers, I am giving this very clear abstract of the Harrison Anti-Narcotic Law which was printed by the Journal of the American Medical Association, December 26, 1194. At last we have what we hope is an efficient remey for the wholesale distribution and sale of opium or coca leaves, their salts, derivatives or preparations.

The tile of the act is 'An Act to provide for the registration of, with collectors of internal revenue, and to impose a special tax upon all persons who produce, import, manufacture, compound, deal in, dispense, sell, distribute or give away, opium or coca leaves, their salts, derivatives or preparations and for other purposes.''

Section 1 provides that after March 1, 1915, every person who performs any of the acts mentioned in the title shall register with the collector of internal revenue of the district his name and place of business, and shall pay a special tax of one dollar a year. Employees of registered persons, officers of the United States government lawfully engaged in purchasing the drugs named for the army, navy, public health service or government hospitals and prisons are exempt. Only registered persons shall be permitted to perform any of the acts mentioned in the title. The term ''person'' is expressly defined to include partnerships, associations, companies or corporations.

Section 2 provides that no person shall sell, barter, exchange or give away any of the drugs mentioned except on a written order on a form issued by the Commissioner of Internal Revenue and supplied only to registered persons. Such orders shall be issued in duplicate, the orignal to be preserved by the person filling the order and the duplicate to be preserved by the person issuing it, for a period of two years, and kept so as to be accessible to inspection by any officer of the Treasury Department or of State, territorial, district and municipal officers. The exemptions under this section were the subject of the most prolonged discussion. As the bill finally passed, it provides that this section shall not apply to the dispensing or distribution of any of the drugs named to a patient by a physician, dentist, or veterinary surgon registered under the act in the course of his profesional practice, provided that the physician, dentist, or veterinary surgeon shall keep a record of all such drugs dispensed or distributed, showing the amount, the date and the name

and address of the patient, except such as may be dispensed or distributed to a patient on whom such physician, dentist or veterinary surgeon shall personally attend. This record is to be kept for a period of two years, subject to inspection. The sale of any of the drugs mentioned, on a written prescription issued by a physician, dentist or veterinary surgeon, is also exempt, but the person filling the prescription is required to keep the prescription on file for a period of two years. The sale of drugs to foreign countries is exempt, subject to the regulations of the country importing them, as is also the sale of drugs to any properly authorized government officer or State, territorial, district, county or municipal official purchasing supplies for a public hospital or prison.

The Commissioner of Revenue is authorized to prepare suitable blanks to be sold to dealers, the price not to exceed one dollar per hundred, and the blank is to be written or stamped on it by the Collector of Internal Revenue. No other persons are permitted to use the forms. Special provisions are made for the administration of the act in Porto Rico, the Philippine Islands and the Canal Zone.

Section 3 provides that all persons registered under the provisions of the act shall, whenever required to do so by the Collector of the district, make a full and correct statement on oath of the quantity of the drugs he has received and the names of the persons from whom he has received them.

Section 4 prohibits any except registered persons from shipping or delivering any of the drugs mentioned in interstate commerce. Common carriers and employees are exempt.

Section 5 provides that duplicate orders and prescriptions shall be open to the inspection of all authorized agents of the Treasury Department and officers of any State, Territory or municipality. Certified copies of such statements can be secured on the payment of a suitable fee. No persons are permitted to disclose the information contained in the returns except in the matter designated above. Copies of the names of all persons listed in any district may be secured on payment of one dollar for each one hundred names.

Section 6 provides that the act shall not apply to preparations or remedies which do not contain more than 2 grains of opium or more than ¼ grain of morphine or more than ⅛ grain of heroin or more than 1 grain of codein to the fluid ounce, or, in the case of solid preparations, to the avoirdupois ounce or to preparations for external use only, or to decocainized coca leaves or other preparations of coca leaves or other preparations of coca leaves which do not contain cocain.

Section 7 provides that all existing laws for the collection of internal revenue taxes are to be applied to the special taxes imposed by this act.

Section 8 provides that the possesion of any of the drugs mentioned on the part of any unregistered person shall be regarded as presumptive evidence of the violation of the law. Employees of registered persons, nurses under the supervision of registered physicians, physicians themselves registered under the act, proper officials, warehouse men holding possession of goods for registered persons and common carriers transporting such goods are exempt

Section 9 provides a penalty of not more than $2,000 fine or imprisonment for not more than five years or both for violations of the act

Section 10 authorizes the Commissioner of Internal Revenue to appoint such persons as may be necessary to carry out the provisions of the act.

Section 11 appropriates $150,000 to

make the act effective and Section 12 provides that this act shall not be regarded as modifying the national Food and Drugs Act or the act of 1909, prohibiting the importation of opium.

ABSTRACTS

HEALTH IN OUR ARMY

"The report of the Surgeon-General of the Army for 1914," says The Journal of the American Medical Association, "is a document of unusual interest. The outline of the report in the letter of transmissal states that the non-effective rate for disease for 1913 (the calendar year covered by the report) is 23.97 a thousand, the lowest rate ever recorded for our army. This rate indicates the average number of men in every thousand incapacitated for duty each day during the year. The death rate for disease was 2.57, the total number of deaths being 397, 40 of which were from tuberculosis, 23 from pneumonia, 17 from nephritis and 15 from organic heart disease. Probably the most interesting portion of the report is that dealing with the control of preventable diseases. The record made in our army in the obliteration of typhoid fever has become a subject of world-wide comment among military and sanitary authorities. Only three cases of typhoid fever occurred in the army during 1913; two were in recently enlisted recruits who were admitted to the hospital with the disease inside of the first six days of service, while in the third case, only partial immunity through vaccination had been established. All three of these patients recovered. By way of contrast, the report states that in 1912, there were 18 cases with 3 deaths; in 1911, 44 cases with 6 deaths; in 1910, 142 cases and 10 deaths, and in 1909, 173 cases with 16 deaths. Among all the troops scattered along the Mexican border and in large camps in Texas, not a single case of typhoid has occurred in an inoculated man since June 4, 1912. This means that typhoid fever as a military disease, as an accompaniment of military service and camp life, is practically a thing of the past. Only those familiar with the awful ravages of this disease in all previous wars under all conditions in which large numbers of men were herded together under unfavorable conditions can appreciate the enormous economic and military value of this fact.

"The report is full of interesting facts, so numerous as to make it possible to refer only to the most interesting. The medical department of the army, June 30, 1914, consisted of 426 medical officers, 91 reserve officers, 16 contract surgeons, 28 commission dental surgeons, and 39 contract dental surgeons. The remainder of the 5,044 persons connected with the department were army nurses and members of the hospital corps. Of the 19 candidates who had passed the preliminary examination for appointment to the medical corps, 17 successfully completed the course of instruction in the army medical school and 16 were recommended for commissions. The library of the Surgeon-General's office contained on June 30, 1914, 219,494 volumes and 330,320 pamphlets on medical and surgical subjects. The army medical museum contains 47,120 specimens. Reports from the various hospitals, laboratories, territories and provinces are of great interest and impress the reader with the wide range and scientific thoroughness of the work done by our army medical corps"

TUBERCULOSIS OF THE KNEE

M. S. Henderson, Rochester, Minn. (Journal A. M. A., Jan. 9, 1915), refers to the high operative mortality in tuberculosis of the knee-joint in former years. He points out the differences between ankylosis and this condition and discusses and gives experiences with the operation of resection of the knee-joint. The onset of the disease is mild and trauma may or may not be a definite factor. Remissions occur but never entire freedom from some inconvenience and the case slowly progresses until after some years of suffering many patients ask for amputation. Undoubtedly many cases are cured by conservative treatment and such measures should be tried for a reasonable time. The selection and preparation of cases for operation is important. The results are almost always good if the patient is operated on in the quinescent stage. Extension and rest in bed are probably the best means for quieting the condition. Generally speaking the results are less favorable in patients past fifty than in younger persons, but it is even more important that the former be operated on during the quiescent stage. The records of the Mayo Clinic show sixty-six resections of the knee-joint up to March, 1913, but only thirty-seven of the patients could be followed up; of these thirty-two can be classed as cured. Two returned for amputation and three died .Of the latter full information could not be obtained; two of these were reported as tuberculosis of the lungs and one of tuberculosis without any special localization of the diease in the report. Practically all of the others were able to resume their full duties. Two have reported some motion in the knee but freedom from pain and two pateints have persisting sinuses. In one case sinuses persisted with full bony ankylosis; this patient also had pulmonary tuberculosis. Three years after the resection amputation was performed and the patient now gets around on an artificial limb, no tubercle bacilli in the sputum and marked fibrosis of the lung is shown by the roentgenogram. The time spent by the patient in absolute rest is well paid for by the shortened and easy convalescence after operation. The social status of the patient is of importance; obviously a patient of sedentary occupation can get along better with a case or brace than one in active pursuits. Owing to the advanced stage of the cases in this series it was impossible to tell whether the primary focus was in the bone or in the synovial membrane. In other experiences it points more to the synovial than to the bone. All the cases in the series were unilateral. The operation suggested for tuberculosis of the knee-point range all the way from an erosion to a complete excision. Ely has argued lately that the disease of the joint is due to the favorable conditions there for the growth of the tubercle bacilli and that by changing the soil the disease can be starved out, therefore he advises only the removal of enough of the joint surface with the chisel to produce an ankylosis, ignoring the soft tissues. The Ferguson type of operation used in the Mayo Clinic is described. The article is illustrated.

♣ ♣ ♣

In a contribution to the Berliner Medizinische Wochenschrift (1914, No. 20), H. Kohn discusses at some length the anatomy (together with some length the anatomy (together with some clinical experiences) of multiple diverticula of the colon; the author's main incentive being, to remind his fellow practitioners that this abnormality is of more frequent occurrence than commonly supposd, and to adjure them to be on guard against it in their daily practice.

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TUBERCULOSIS AND THE EXUDATE-LYMPHATIC DIATHESIS.

As a prophylactic measure against the later development of tuberculosis, it is highly important to overcome as far as possible any existing exudate-lymphatic diathesis. To this end, in the opinion of M. Bockhorn, nothing is equal in effectiveness to a sojourn for many months on the sea-coast, where besides, of course, carefully adjusted sea-, air-, and sun-baths are to be taken.

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♣ ♣ ♣

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CONTENTS

Internal Hemorrhoids: C. J. Drueck, M. D. 25
Indications: G. L. Servoss, M. D. 32
Notes on Diagnosis and Treatment of Brain Tumors: F. P. Davis, M. D. 37
Miscellaneous:
Electro Therapeutics: H. C. Bennett, M.D. 40
Causes of Sudden Death: J. A. Burnett, M. D. 43
An Important State Medical Meeting 44
Editorial 46
An Invitation 46
Abstracts 48

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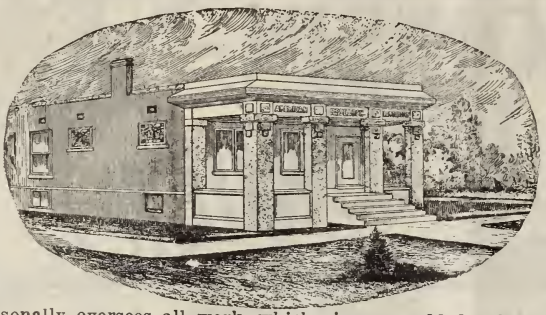

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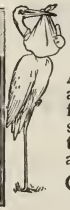

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Wisconsin Medical Recorder

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INTERNAL HEMORRHOIDS

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Chicago, Ill.

Every little while a patient suffering with hemorrhoids comes to me stating that his doctor sent him to be operated upon. Sometimes I find these are not operative cases and that is my reason for bringing this subject before you. I shall try to show when we should and when we should not operate upon hemorrhoids. It is not so material how you operate as to know in what class of cases to operate and why the wound may be slow to heal or why the hemorrhoid recurs.

Internal hemorrhoids are varicosities of the middle or superior hemorrhoidal vessels and arise entirely within the anus. They begin at the points of anastomosis between the portal and caval systems. These anastomoses are very numerous. The most common origin is at the level of the valves of Morgagni about one-half inch above the anal orifice and from here they gradually extend up to the larger trunks and plexuses. Even normal veins are somewhat enlarged in this situation and are called glomeruli.

Hemorrhoids may be found at any age of life. They are uncommon in children but several good authorities have reported cases. Trunk (Tuttle p. 583) reported 39 children under 15 years of age of whom five were under one year old. Young adult and middle life is the most frequent age because such factors as environment, habits and constitutional peculiarity are most active then. In advanced life the absorption of the perirectal fatty tissues, the relaxed muscular tone, constipation and sclerotic changes in the liver and blood vessels contribute to produce hemorrhoids but we also find hemorrhoids frequently in the nervous, anemic individuals because of nerve and muscle exhaustion which causes circulatory relaxation and dilatation. For this reason melancholic, choleric, sallow individuals who suffer from liver disturbance are prone to hemorrhoids. In women at the menapause we occasionally have a hemorrhage from these vessels which is a sort of vicarious menstruation.

The text books divide hemorrhoids into arterial and venous. This is however not a distinction of kind or variety because the two conditions are not similar in any sense. The capillary hemorrhoid is a small tumor, rarely larger than the end of the little finger and sometimes as small as a pin head. It is an arterial naevus, spongy in texture and resembles a strawberry in appearance. Early in their existence they have a granular surface covered with a very thin wall and are very liable to bleed. Later plastic exudate and thickened areolar tissue covers the vessel and hemorrage is less liable. The gentlest examination or even the passage of the bowel movement is sufficient to start the hemorrhage. I recall a case which bled profusely and on examina-

tion the pile was found no larger than the head of a black pin. Excessive hemorrhage particularly if spurting in character is pathonomonic of the capillary hemorrhoid. Frequently large amounts of blood are lost and a number of deaths have been recorded from this cause. Of course a large capillary or arteriole is necessarily involved in such a case. This tendency to great loss of blood makes the capillary hemorrhoid much more dangerous to the patient than the venous variety. In the palliative treatment this distinction is imperative because the patient may be exsanguinated while the physician is temporizing with injections or styptics. The capillary variety do not protrude or cause any of the pain or discomfort attendant upon the venous variety. Hemorrhage itself is the cardinal symptom and requires energetic or even heroic treatment.

The venous hemorrhoid is more common than the arterial. It may appear as quite a tumor frequently one-half to one inch across its base with a mucous membrane covering which is livid bluish and glistens. Matthews reports seeing one as large as a small orange. The venous hemorrhoid is situated in the submucous connective tissue and is composed of a dilated and varicosed vein with its capillaries and also the arterial capillary supply. These tumors are not purely venous. Sometimes several small veins may be twisted together into one mass. The sacculation and varicosities are limited to the venous vessels and do not affect the arteries. Around this mass of veins is a fibrous capsule which sends trabeculae (partitions) in between the veins. The mucous membrane covering the pile is chonically inflamed. Early the walls of the veins are thickened by this inflammatory hypertrophy, but later they are extremely thin with nothing but an endothelial covering. Sometimes such vessels may form large venous pockets.

Internal hemorrhoids are brought on by anything that increase the local blood pressure. Man is the only animal that assumes an erect posture most of his waking hours. In this position of course a heavy column of blood must be lifted through these veins continuously for many hours. All during our active life there is this predisposition to hemorrhoids which needs but some little local congestion or inflammation to develope the varicosities. For this reason proctitis is a very common cause of hemorrhoids. Early in my work I noticed this association of hemmorrhoids with proctitis. The acute catarrhal proctitis is often met with and in every case you will find an edematous mucus membrane with the hemorrhoidal vessels engorged. As the proctitis subsides the hemorrhoidal edema and engorgement also reduces and finally disappears. If however the proctitis persists as a subacute or chronic form the hemorrhoids also continue and a gradual hypertrophy of the mucous membrane occurs. This increases the bulk and weight of the mucosa which separates and slides down on the areolar tissue until it is grasped in the sphincter. The spaces of the submucosa about the hemorrhoid are filled with connective tissue. Later when the proctitis reaches the atrophic stage the hemorrhoids remain because of this connective tissue infiltration which permanently constricts the venous outflow. Now begins a second factor. The descending fecal masss acting in the reverse direction on the veins distorts them further and tears more mucosa from the muscular wall. With each bowel movement the hemorrhoidal mass acts as an obstruction and the feces are forced through. This increased muscular action drags down the hemorrhoid and the adjoining mucous membrane until they prolapse thereby increasing the size of the hemorrhoid itself. Finally when they have at-

tained considerable size they prolapse easily and act as foreign bodies tending to excite the sphincter.

Hemorrhoids brought on in this manner are the result of digestive disturbances. The improperly digested or fermenting bolus acting as an irritant. In this way constipation is a frequent cause and the vein ruptures by the engorgement and stretching due to the passage of the feces and not to any traumatism. In this same way drugs used to relieve the constipation also frequently congest the rectal circulation. i. e., Aloes, Senna, Calomel and Gamboge. Warm enemas also act in this manner. Certain articles of food by irritating the mucous membrane cause increased peristalsis or tenesmus and may provoke hemorrhoids. Spices, peppers, mustard, sauces, radishes, watercress, tamales, Chili con carni and pickles, also alcoholics and tea. An excess of carbohydrate diet which cannot be cared for by the liver blocks the portal circulation and later the hemorrhoidal vein. These dietetic changes account for the apparent influence of the seasons upon the hemorrhoidal circulation. As the warm spring weather comes the system cannot handle the same amount of hydrocarbons it has been accustomed too consume during the winter and the blood is thrown on the portal circulation. There are many other conditions which cause straining or bearing down by the patient and thus congest the pelvic venous current, particularly chronic constipation, stricture of the rectum or urethra, stone in the bladder or on enlarged prostate. The pregnant uterus or myoma of that organ, pelvic exudates, adhesions or even a retroverted uterus. It is well to bear each of these conditions in mind because a patient may consult you when suffering with one of these conditions and also complain of hemorrhoids. The hemorrhoids, however, do not require treatment directly but are wholly dependent upon the underlying condition. In this same manner all those occupations that increase the abdominal or pelvic pressure will induce hemorrhoids as severe muscular exertion, prolonged standing or sitting still, especially if on a vibrating platform as with railway men or teamsters. Desk workers also are frequently sufferers from sitting in a bent over position which crowds the abdominal contents toward the rectum.

There is one other class of positive causes of hemorrhoids in diseases of the heart, liver, pancreas or kidneys and occasionally tuberculosis or syphilis. Since the exciting cause in this class of cases cannot be removed there is no hope of curing the hemorrhoids and tentative treatment is all that should be attempted.

SYMPTOMS.

Hemorrhoids sometimes exist for years without causing any symtoms whatever, and again, they may be troublesome from the beginning. When they become inflamed or ulcerated, they cause great pain and distress. They probably set up more reflex nervous symptoms than any other disease. They may remain quiet for a long time and then without any apparent cause become inflamed. When they are of large size, they produce a sensation of fullness or distention of the rectum, as if some foreign substance were present . During defecation the tumor is forced within the grasp of the sphincter and tenesmus is set up, with also a feeling of nausea and sickness. Sometimes the tenesmus is agonizing and its daily repetition exhausts the patient. After each bowel movement he must replace the hemorrhoid and in doing so is likely too induce a spasm of the sphincter. If the hemorrhoid is allowed to remain within the grasp of the sphincter it becomes strangulated and finally gangrene develops and the hemorrhoid sloughs off. Thus na-

ture attempts to cure the trouble. Sometimes the slough or the surface beneath it becomes infected and pyemia with perhaps a fatal result is the termination, or an abscess develops and a fistulae is the sequele. If strangulation and sloughing do not occur, the sphincter gradually relaxes and the piles are forced out with coughing, sneezing or stooping or even by walking or standing and the piles remain out altogether. An acrid, irritating mucus discharges from the anus due to the chronic proctitis and keeps the perineum moist and often excoriated thus favoring the growth of warty excresences. This condition occurs most frequently in the aged and here sometimes the discharge may saturate the clothing and the anal sphincter is very much relaxed thus allowing an almost constant prolapse. Of course inflammation and thrombosis with saturation may occur without strangulation. Talka found ulceration or fistula in nearly one half of his cases of hemorrhoids. If the hemorhoids remain prolapsed for any time the surrounding anal wall becomes inflamed and edematous and this swelling further interferes with reducing the piles.

Bleeding in some degree is a symptom of all internal hemorrhoids. It may be slight, a mere streaking of the passages or profuse enough to cause fainting. Frequently hemorrhage follows each movement of the bowels for a while and then ceases for several days or weeks only to recur again about the time the patient thinks he is cured. This constant loss of blood produces an anemia very suggestive of malignant disease. Prolapse of the tumor always favors bleeding. In women a hemorrhagic flux sometimes replaces menstruation and in apoplectic subjects or those with atheroma this periodic loss of blood lessens the tension of the blood vessels and diminishes the tendency to rupture of the cerebral vessels. In such cases the prudent surgeon hesitates before removing the outlet.

Hemorrhoids of any variety are prone to exacerbations of inflammation followed by periods of rest. During the inflammation, they are very liable to ulcerate, slough or develop abscesses, beneath them. When the tumor is swollen or strangulated, and actively inflamed, the sphincter alternately contracts and relaxes, causing excruciating pain which lasts until the hemorrhoid sloughs off, is operated upon, or is relieved by local remedies. In old cases, the hemorrhoidal wall becomes tough and hypertrophied.

DIAGNOSIS.

The diagnosis of internal hemorrhoids, per se, is quite easy, but the differentiation of the variety is much more difficult. Hemorrhage is the chief symptom and may be either venous or arterial in both varieties. The patient's description is something like this: During defecation and perhaps before the bowels have completely moved a more or less severe hemorrhage occurred which lasted for some time after he had finished his toilet. The blood came in spurts and was bright red, a dizzy feeling came on and he became palid and clammy. There was little or no pain and no protrusion. With such a history the rectum should be thoroughly examined in a good light and with a speculum. The hemorrhoid may be small and elude digital examination as it is soft and velvety but with a speculum it can be easily found because the stretching of the bowel in dilating usually starts the hemorrhage afresh, and in a capillary hemorrhoid it bubbles or spurts.

In another case the patient says that after the bowels move he has to retain his seat because the blood continues to drop for several minutes and if in a hurry he goes about with the blood dripping and soiling his clothes. Here

the hemorrhage is less severe because the connective tissue growth takes on a plastic infiltration forming a thick covering which can be torn only by such a considerable force as is only occasionally applied. The rectum feels as though it were only partially emptit and so the individual strains trying to expel something. Usually on palpation he finds the hemorrhoid within the grasp of the sphincters and unless it is replaced the tenesmus co unless it is replaced the tenesmus con- hemorrhoid.

The capillary hemorrhoid is soft, spongy or granular and easily yields or tears on pressure. Hence hemorrhage results from even a slight injury and therefore the small capillary hemorrhage is a source of great danger from the loss of blood while the large well formed venous hemorrhoid is not so dangerous. The venous hemorrhoid when of large size will protrude and if the patient suffering with hemorrhoids assures us there is no protrusion we suspect internal hemorrhoids and probably the capillary variety. Digital examination is unreliable in diagnosing internal hemorrhoids because even good sized tumors cannot be detected after they have been returned within the rectum unless pedunculated. Inspection assists only if they protrude. Let the patient retire to the lavatory and strain a little trying to force out the hemorrhoids. If this fails or is not convenient dilate the sphincter with a bivalve speculum and the pile will fall in between the blades. If the tumors are low in the rectum they may readily be seen by inserting one blade of a Sims speculum.

Other symptoms of internal hemorrhoids are vague and uncertain as they occur in other rectal troubles and may arise from remote causes. Pain in the thigh or back, sensations of heat or burning in the rectum and frequent micturation are all too unreliable to be considered worthy symptoms of any particular disease. It is well to take into account only such definite indications, as relate directly to the rectum and anus, but these significant tokens should require a thorough examination.

TREATMENT.

From what has been said as to the etiology and symptomology of hemorrhoids it is evident that the treatment varies with each case. Hemorrhoids that are amenable to treatment occur under very different conditions and in all classes of patients. There are many methods and most of them are good in selected cases. Your treatment is half finished when you select your case, determine its proper treatment and know what results to expect.

The reason you treat so few rectal cases is not that they are infrequent, but rather that your patients do not like to have an operation and particularly to take a general anesthetic and be confined to bed. Patients suffering with piles are prone to take domestic remedies and nostrums, until they are physical wrecks from loss of blood and pain. All the time, they refuse to be operated upon. With our present knowledge, it is not always necessary or wise to give a patient a general anesthetic and keep him in bed or in a hospital, three or four weeks irrespective of the variety or condition of the piles. Practically all uncomplicated cases, and they are numerous, may be operated upon with a local anesthetic at your office or at the patient's home. This eliminates the danger to life from heart, lung or kidney complications of a general anesthetic and lessens the pain and danger of secondary hemorrhage due to vomiting as occurs so often after a general anesthetic. Incidentally it puts dollars cheerfully from the patients to your pocket. Where the tumors are isolated and prolapsed they may be re-

moved under local anesthesia at the office. Where they are not prolapsed and where they extend high up in the bowel we find they are usually complicated with a narrow anus and an hypertrophied sphincter. Under such conditions it is difficult to reach the top of the varicosity and as the whole pile must be removed it had best be done under ether in such cases. Of course if all of the pile is not removed your operation is a failure. If several hemorrhoids are to be removed the operation had better be done at the patient's home even if under local anesthesia because if performed in your office there is danger of secondary hemorrhage from a stich pulling loose by the patient's movements on his way home.

Let us divide these venous tumors into:

1. Those that are best treated tentatively.

2. Those that may be removed under local anesthesia.

3. Those that require a general anesthetic and confinement to bed with absence from work for some time.

Venous hemorrhoids may be much relieved by palliative treatment where surgical treatment cannot be instituted. either because of the patient's refusal, some jeopardizing systemic condition, or in aged or delicate individuals. In all these conditions unless there is excessive bleeding or strangulation it is better not to operate but to use local tentative measures as there is always danger of embolism, hypostatic pneumonia or phlebitis after operation on such individuals.

If the hemorrhoids are inflamed and prolapsed they must first be reduced. If the patient is seen at home he should be sent to bed. An upturned chair is placed in a slanting position on the bed and the patient on his knees reclined against the chair. This places him in an extreme oblique laterial position, a posture between the Sims and the knee chest.

Next paint the whole hemorrhoidal mass with 2% cocaine in 1-1000 adrenalin solution and wait twenty minutes because the circulation in this edematous and strangulated mass is slow and the drugs are not rapidly absorbed. Gravity depletes the tissue and the patient's position with the thighs flexed relaxes the pelvicmuscles so that the protrusion will either reduce of its own accord or may be easily replaced. Of course, all of its does not belong internal. Probably about one-half does and a lateral sulcus running parallel with the median raphe will usually be found. Internal to this line is mucosa and external to it is skin. This should be remembered because if the whole mass is placed within the rectum the patient will be just as uncomfortable as he was before. That part external to the sulcus is edematous external tissue and sometimes it may be necessary to incise this to deplete it quickly.

After the hemorrhoids have been properly replaced the whole anal region should be well covered with hydrastal ointment, then covered with a gauze compress and the patient let down on his bed stretched out prone. The pad and buttocks are now strapped down with adhesive plaster re-enforced with a T bandage. If the hemorrhoids are inflamed but not strangulated they should have a warm slightly antiseptic bath followed by a cold douche and then the Hydrastal ointment applied. The patient should lie on his face as long as he can and then may turn on his side with the hips elevated on a pillow or two. Keep the hips up and do not let him lie on his back. This is important because it will arrest inflammation, hasten resolution and relieve pain more effectively than any other remedy.

The next day put the patient on his side with the knees well flexed, dilate

the sphincter gradually and massage the hemorrhoidal field. Irrigate the rectum and anal canal with sterile water and swab the piles with 1-1000 adrenalin solution and apply the Hydrastal ointment on the outside. If there is much mucus discharge it will be well to inject one half ounce of aqueous fluid extract of Krameria at night.

The bowels must be kept open each day and it is a study with each patient to find something laxative but not exhausting. Sulphur is gentle in its action, produces a soft mushy stool which easily slips by obstructions and allays inflammation by its presence in the stool. Castor oil also produces a soft stool, does not create gas and leaves the abdomen relaxed. It is a good plan to have the evacuations at night that the patient may rest after cleansing and dressing the rectum.

Hemorrhoidal sufferers should avoid strenuous exercise, bicycling, riding, automobiling and railway journeys as these all maintain a position with the thighs flexed, which opens the anus below the internal sphincter thus losing the anal support. By careful close attention these patients can usually be made very comfortable but of course it is only tentative and not curative.

REMOVAL UNDER LOCAL ANESTHESIA.

The details of technic of removing hemorrhoids under local anesthesia has been presented in another paper and need not be discussed here. One of the cardinal reasons for using a local anesthetic is to interefere as little as possible with the patient's pursuing his regular duties. Therefore too much must not be attempted at one time. Where several hemorrhoids are to be removed it will require several sittings. Only one or two should be removed on one day. A local anesthetic has a distinct advantage in aged, timid or nervous patients who object to a general anesthetic but you must attempt only such cases as the tumor can be brought outside or the anus is patent. Internal hemorrhoids bleeding and painful and demanding operation but not protruding to any extent cannot be satisfactorily removed under a local anesthetic because the very first step in the treatment of such a case is careful but thorough dilatation of the sphincters and that is impossible without a general anesthetic. If the anus is patent or if you can easily reach the upper limit of the base of the pile without much stretching you may operate under cocaine but if the pile is a large one the patient should rest in bed for a couple of days. The determination of which hemorrhoids shall be operated upon with local and which general anesthetic is an important matter and in a general way we can say that most cases may be operated upon safely in the physician's office or at the patient's home under local anesthesia causing but a few hours to two days detention from business. Where only one or two piles exist the operation may be performed in the office and the patient sent home after a little rest but in aggravated cases where a large area is involved or where the blood vessels are atheromatous the work should be done at the patient's home or at the hospital to protect against the chance of secondary hemorrhage. With careful treatment you will find that only a small part of your hemorrhoid cases require a general anesthetic.

The important relationship of the other abdominal and pelvic organs to the rectum is always important and must be remembered that any one may be sufficient to produce the hemorrhoids and if we remove them ever so carefully but fail to remedy the exciting cause the hemorrhoids are sure to return. The treatment of any other disease condition bearing on the rectum or obstructing its venous flow is fully as essential as the thorough removal of the hemorrhoidal tumors. I

have seen a number of such cases where the hemorrhoids had been removed and new ones developed and where treatment was directed to the adjacent organs the hemorrhoidal trouble was spontaneously and permanently cured.

438 East Forty-Sixth St.

INDICATIONS

GEORGE L. SERVOSS, M. D.
Gardnerville, Nev.

(Continued from page 8, January Recorder)

PRURITIS.

This condition may be due to acidemia, diabetes, albuminuria, faulty elimination, constipation, faulty digestion, or locally to marginal hemorrhoids, anal fissure, proctitis, intestinal parasites, or to Bacillus coli and Staphylococcus infection. Correction of cause may give prompt relief. Tight sphincter may likewise act as a causative agent. In pruritis ani, look for local abnormalities and correct them. If due to ascarides, give injections of infusion of Quassi, with Quassoid internally. Remove marginal hemorrhoids and repair fissure. Cleans the parts thoroughly and apply one of the following ointments: Dried alum grs. 5; Ichthyol grs. 10; Phenol grs. 5; Basilicon ointment q. s. to make oz. 1: or, Camphor grs. 3; Phenol grs. 2; Eucalyptol m 2½; Chlorbutanol grs. 5; Menthol gr. 1; Petrolatum q. s. to make oz. 1. The writer has found the following very effective, both to relieve itching and as a curative agent; Phenol, c. p. crystal gr. 5; Zinc oxide drams 2; Oil of Cade drams 2; ointment of Rose Water q. s. to make ozs. 2. In stubborn cases, paint the surface with solution of Silver nitrate, followed by pure Turpentine, or apply full strength Phenol, neutralized in a minute with Alcohol, this to be followed with a compress impregnated with dried Alum grs. 5; Ichthyol grs. 10; Phenol grs. 5; Basilicon ointment q. s. to make oz. 1. In pruritis vulvae apply the last mentioned ointment, give antiseptic douches and apply a dusting powder carrying Alum, Boric acid, Eucalyptol, Salicylic acid, Tymol and Zinc sulphocarbolate. In the senile form, clear the bowels with Calomel, Podophyllin and Bilein, followed by a saline carrying Lithium carbonate and Colchicine, this to be followed by Strychnine and Quinine ferrocyanide to restore vitality, with Cannaboid as a sedative. Pilocarpine, to slight effect, in some cases gives relief. Antipruritus lotions may be employed instead of ointments in some cases, those suggested being Zinc sulphocarbolate and Boric acid; Glycerino-aqueous solution of Thuja, or creolinated Epsom-salt. The following have their indications: Acetanilid to sedate; the salicylates when rheumatism complicates; Gelsemoid as a sedative; as eliminants and alteratives, Colchicine, Guaiacol carbonate, Collinsonoid where the mucosa is involved, Nuclein solution m 10; Guaiacol carbonate gr. 1; iodized Lime gr. ½. As a tonic alterative, Strychnine arsenate gr. 1-64; Quinine arsenate gr. 1-32; Iron arsenate gr. 1-32; Nuclein solution m 8; iodized Lime gr. 1. If parts are moist, dusting with a powder containing the sulphocarbolates with Boric acid and Talc, in some instances with the addition of Zinc stearate, brings relief. The Coli-Bacterin and Staphylo-Bacterin are frequently indicated, and may be used to good effect with the above outlined treatment.

PSORIASIS.

In order to gain satisfactory results, the basal cause must be discovered and treated in every individual case, as there is absolutely no specific treat-

ment for the disease, per se. It will be found that acidemia is frequently the cause, and this should be met by a thorough elimination. Calomel, Podophyllin and Bilein, followed by saline carrying Lithium carbonate and Colchicine, this to be carried on every second night and morning. To correct acidity, the Sodium and Xanthoxyloid combination, to effect, or until the degree of urinary acidity ranges between 20 and 40°, or is below the minimum, as shown through the use of the Harrower Acidimeter. This agent should be given an hour before meals. As a digestant, one hour after meals, also to correct acidity and sterilize the alimentary canal, Bilein gr. ⅛; Strychnine arsenate gr. 1-128; Pancreatin gr. 1; Sodium sulphocarbolate grs. 2½; Sodium carbonate grs. 2½. The alteratives, such as the iodides between meals and arsenous sulphide gr. 1-64, immediately thereafter, are frequently indicated. With the subsidence of acidemia, replace the Sodium and Xanthoxyloid compound with Irisoid, Echinacoid and alnuoid, as eliminants and to prevent recurrence. Instead of the digestant above mentioned, substitute Pancreatin gr. ½, Papain gr. ½; Diastase gr. ½ Bilein gr. 1-32; Strychnine sulphate gr. 1-128; Ginger gr. ¼; Vegetable charcoal grs. 2½; Sodium bicarbonate gr. 1, with culture of Bacillus Lactis Bulgaricus as an inhibitor of the pathogenic and other irritant organisms within the bowel. Liquor Arsenii Comp. (Barclay), in full dose, 5 to 15 drops, frequently gives good results. To increase vitality, Neuro-lecithin gr. ¼; Nuclein solution m 10, alone or alternated, week about with Iron phosphate gr. 1-12; Calcium phosphate gr. 1-12; Potassium phosphate gr. 1-12; Magnesium phosphate gr. 1-12; Nuclein solution m 4. The X-Ray and high frequency current give satisfactory results in some cases. Locally, after the crusts have been removed, one of the following should be used: Oil of Cade drams 2, incorporated in dried Alum grs. 5; Ichthyol grs. 10; Phenol gs. 5; Basilicon ointment q. s. to make oz. 1: or, Resorcin grs. 10, incorporated in the same ointment: or, Chysorobin gr. 1, Salicylic acid grs. 15, eithe m 1, Castor oil m 5, Collodin q. s. to make oz. 1. Free elimination must be stimulated, and Calcium sulphide, alternated with the arsenates should be pushed Regulate the diet and keep the patient out of doors as much as possible. Pilocarpine, to increase dermal function; Thyroid extract as an alterative; yellow Mercurous iodide for like purpose; as a reconstuctant, Quinine ferrocyanide; as an antiscorbutic, iodized Lime gr. ⅓: Phytolaccoid gr. ⅓; Stillingoid gr. 1-6; Arsenous iodide gr. 1-64; Nuclein solution m 4; as a laxative, washed Sulphur gr. 1-32; Strychnine arsenate gr. 1-128; Podophyllin gr. 1-64; Collinsonoid gr. 1-128; Berberine hydrochloride gr. 1-128; or, washed Sulphur gr. 1-10; Strychnine arsenate gr. 1-250; Podophyllin gr. 1-25; Rheoid gr. 1-25; Carminatives q. s. Where syphilis is present meet the indications as they arise with specific treatment. Liquor Arsenii Comp. (Barclay) is useful in such cases.

PTOMAINE POISONING.

Give Apomorphine hypodermically to clear stomach, after which, having given Strychnine and Atropine to support, wash out that organ and the bowel with warm water solution, or the stomach with a weak Potassium permanganate solution, or if not vomited give a solution thereof, one grain to four ounces, by the mouth. To support cardiac function, Digitalin and Strychnine. Calomel, or Blue Mass and Soda, one grain every 15 minutes till four grains have been exhibited, followed by saline to effect, to thoroughly clear the alimentary canal. The Hyoscine, Morphine and Cactoid combination has

its indications as antispasmodic and anodyne, but must be used carefully. Hot applications to the abdomen, with Oil of Turpentine m 8; Oil of Cloves m 10; Oil of Mustard m 4; Guaiacol grs. 4; Camphor grs. 20; Capsicum oleoresin grs. 5; Menthol grs. 16; Ointment base to make oz. 1, give relief frequently. To support the heart it may be necessary to give Camphorated oil or Ammonia hypodermically.

PURPURA.

Treatment unsatisfactory. The cause must be established if treatment be rational. All cases call for elimination and supportive remedies.

PURPURA HEMORRHAGICA.

The treatment calls for those agents which will act as tonic and raise the general vitality, as well as eliminants. The salines, as eliminants are indicated in most cases. As vital excitants and tonics: Nuclein in full dosage; defibrinated Blood m 30; Manganese peptonate gr. ½; Iron peptonate gr. 1; Nuclein solution m 5, with meals; the arsenates of Iron, Quinine and Strychnine with Nuclein, or Strychnine arsenate gr. 1-128; Iron arsenate gr. 1-128; Iron arsenate gr. 1-32; Manganese phosphate gr. 1-32; Zinc phosphide gr. 1-32, after meals. To supply lime deficiency and to overcome tendency to hemorrhage, Calcium chloride, Calcium lactophosphate or iodized Lime, with gelatinous food for the latter purpose. To support the heart, Cactoid or Digipoten. In phosphorus deficiency, Zinc phosphide. As astringents, Hamameloid and Ergotoid. As an antipyretic, Quinine ferrocyanide. To improve blood quality and as an alerative, Liquor Arsenii Comp. (Barclay). In the rheumatic form, the salicylates, alone or in combinations.

PYELITIS.

Diagnose closely, excluding tuberculosis. In the face of pus, Arbutin is our best diuretic, gr. 1 in Barley Water every three hours. An antiseptics, Hexamethylenamine, or Hexamethylenamine grs. 5; Arbutin gr. ½; Sodium benzoate grs. 5, if urine is acid: or, Hexamethylenamine grs. 3: Arbutin gr. ½; Ammonium benzoate grs. 3, if alkaline, either with Echinacoid every four hours. To combat infection, Calcium sulphide to saturation, such effect sustained. As a tonic the arsenates of Iron, Quinine and Strychnine. To relieve the kidneys of a portion of their burden, increase bowel and skin elimination by means of saline enemas and Epsom-salt sponge baths. In specific infection the following is useful: Calcium sulphide gr. 1-6; monobromated Camphor gr. 1-6; Hyoscyamine sulphate gr. 1-6000; Methylene blue gr. 1-6 to effect. Collinsonoid, as a diuretic and alterative, and Barasmoid as a diuretic, are frequently indicated. Frequently the Coli-Bacterin or Combined-Bacterin (Van Cott) will act as synergists to above treatment and hasten cure. Surgical intereference, if necessary.

RACHITIS (RICKETS).

The treatment varies according to the individual requirements, no two cases being absolutely identical. We usually find lime and phosphorus insufficiency, and in some instances anemia. The first two are met by Calcium lactophosphate or Iron phosphate gr. 1-12; Calcium phosphate gr. 1-12; Potassium phosphate gr. 1-12; Magnesium phosphate gr. 1-12; Nuclein solution m 4, with iron arsenate for the last. Constipation may be avoided through the use of small doses of saline laxative, Bryonin gr. 1-64 t. i. d., or temporarily one of the following: Cascaroid, or Cascaroid gr. 1-6; Strychnine sulphate gr. 1-128; Leptandroid gr. 1-12; Emetoid gr. 1-64; Phenolphthalein gr. ½: or, Phenolphthalein grs. 1½; Senna grs. 1½; Sulphur gr. ⅔; Aromatics q. s. To increase vitality and restore nerve force, Neuro-lecithin gr. ¼; Nuclein solution m 10. As bitter

tonics, Quinine ferrocyanide, Brucine, Myricoid and Quassoid. As alteratives, Iron iodide, or iodized Lime gr. ⅓; Phytolaccoid gr. ⅓; Stillingoid gr. 1-6; Arsenous iodide gr. 1-64; Nuclein solution m 4. The diet should be nutritious and of the sort carrying lime in abundance.

RELAPSING FEVER. TYPHUS ICTEROIDES.

Primarily the bowel should be cleared out with Calomel gr. 1 to 2, Podophyllin gr. ⅓; Bilein gr. 1-12 every half-hour until four to six doses have been given, if the patient is robust; smaller dosage to women, children and delicate individuals. These to be followed, one hour after last dose with large doses of salines to effect. In addition the bowel should be washed out and a general Epsom-salt sponge bath with creolin, followed by alcohol rub, should be given Following the bath, rub in Guaiacol m 40 to 60 as antipyretic. To control and relieve muscular pain, Acetanilid grs. 3½; Sodium bromide gr. 1; Caffeine gr. ¼; Codeine sulphate gr. ¼: or, Acetanilid grs. 2; Veratrine hydrochloride gr. 1-128; Ammonium bicarbonate gr. ½; or, Hyoscine hydrobromide gr. 1-400; Morphine hydrobromide gr 1-16; Cactoid gr. 1-128; Pilocarpine hydrochloride gr. 1-64 Caffeine gr. 1-32. As in all infections the sulphocarbolates are invariably indicated to keep the bowels clean and Calcium sulphide to saturation, as a general antiseptic. To increase vitality, Quinine arsenate gr. 1-32 every three hours. To relieve insomnia, Sulphonmethane grs. 5; Scutellaroid gr. ⅓; Solanine hydrochloride gr. 1-32; Cactoid gr. 1-64. As sedatives, cold sponge baths frequently with cool saline enemas once a day, at least. Nuclein solution, to increase resisting power of the blood, m 20 to 30, hypodermically, t. i. d. An an antipyretic, Aconitine. If there is rheumatism, the salicylates or Salicylic acid gr. 1; iodized Lime gr. ⅓; Colchicine gr. 1-250; Bryonin gr. 1-128; Macrotoid gr. 1-12; Boldine hydrobromide gr. 1-64; Aromatics q. s.

REMITTENT FEVER, BILIOUS FEVER, ESTIVOAUTUMNAL FEVER.

Initially, clear out the bowel with Calomel, Irisoid and Podophyllin, with saline subsequently. Overcome chill with Glonoin and then give Aconitine hydrobromide gr. 1-800; Digitalin gr. 1-64; Strychnine arsenate gr. 1-128, every half to two hours, to control fever, with Quinine arsenate gr. 1-32 or Quinine ferrocyanide gr. 1-6 to 1-6, every two hours for three doses, than every three hours, for their antiperiodic and antimalarial effect. To replace Aconitine, Gelseminine hydrobromide in some instances. To contract the spleen, Berberine, with Boldine to ncrease output of urea. The sulphocarbolates are always indicated, to insure intestinal antisepsis and to obviate toxemia from this source. In hyperpyrexia, the cold pack. One of the following may beused if the fever is excessively high, but the doses should be few and to effect: Caffeine gr. ½; Sodium bicarbonate gr. 1; Acetanilid grs. 3½: or, Acetanilid grs. 2; Veratrine hydrochloride gr. 1-128; Ammonium bicarbonate br. ⅛. Pilocarpine is also useful in this latter condition. To sedate, in the very severe type, a single hypodermic of Hyoscine hydrobromide gr. 1-2000; Morphine hydrobromide gr. ⅛; Cactoid gr. 1-128. As antimalarials and antiperiodics, the following: Methylene blue, or Quinine sulphate grs. 2¼; Strychnine arsenate gr. 1-64; Methylene blue gr. ½; Macrotoid gr. 1-6; Atropine sulphate gr. 1-500; Podophyllin gr. 1-12; Capsicum oleoresin gr. 1-250; or, Strychnine arsenate gr. 1-2250; Quinine arsenate gr. 1-128; Iron arsenate gr. 1-12; Quinine ferrocyanide gr. 1-6; Capsicum oleoresin gr. 1-64: or, Brucine hydrochloride gr. 1-128; Quinine ferrocyandie gr. 1-12; Calcium sulphide gr. 1-6; Aconitine

hydrobromide gr. 1-3000. Nuclein is indicated to increase the vital resistance. As antipyretic, Acetphenetidin. The arsenates of Iron, Quinine and Strychnine with Nuclein, as a general tonic. As hepatic stimulants, Euonymoid. Leptandroid or Chionanthroid gr. 1-6; Apocynoid gr. 1/8; Leptandroid gr. 1-6; Podophyllin gr. 1-16; Irisoid gr. 1-6; Asclepidoid gr. 1-6; Colocynthin gr. 1-100. Also see malaria.

RHEUMATISM.

Invariably look for the underlying cause. Acidemia is present in a vast majority of cases. Elimination is frequently interfered with. In fact, the body chemistry is usually at fault. Elimination with cleanliness of the alimentary canal meets the general indication, with attention given to special conditions as they arise. Clear out the bowels with Calomel, Podophyllin and Bilein, followed by salines, the latter one carrying Lithium carbonate and Colchicine by preference, then give Calcium carbonate grs. 10; Lithium carbonate gr. 1; Colchicine gr. 1-500 every three hours, as an antacid and to increase elimination, renal and hepatic. If acidemia perists, substitute the Sodium and Xanthoxyloid compound, one hour before meals and at bed-time. The sulphocarbolates are indicated at all times, to overcome tendency to toxin formation within the bowel. As an antirheumatic, Salicylic acid gr. 1; iodized Lime gr. 1/3; Colchicine gr. 1-250; Bryonin gr. 1-128; Macrotoid gr. 1-12; Boldine hydrobromide gr. 1-64; Aromatics q. s. To insure proper digestion, and to act as an antacid and intestinal antiseptic, Bilein gr. 1/8; Strychnine arsenate gr. 1-128; Pancreatin gr. 1; Sodium sulphocarbolate grs. 2½; Sodium carbonate grs. 2½, an hour and a half after meals. Epsom-salt sponge baths or compresses wrung out of hot or ice-cold water, applied to the affected joint, and frequently changed, act to reduce the inflammation. If fever is persistent, addition to the direct antirheumatics, the following t. i. d., will frequenlty meet the indication: Aconitine hydrobromide gr. 1-800; Digitalin gr. 1-64; Veratrine hydrochloride gr. 1-128. This combination not only acts to equalize the circulation, but in addition, favors prompt elimination. To further increase the latter it is well to exhibit Colchicine, gr. 1-128, every two to four hours, with the last mentioned combination. Among the antirheumatic combinations which frequently have indications are: Aconitine hydrobromide gr. 1-800; Colchicine gr. 1-128; Strychnine sulphate gr. 1-128; Macrotoid gr. 1-6, or, Macrotoid gr. 1-39; Bryonin gr. 1-60; Colchicine gr. 1-1000; Rhusoid gr. 1-250; Strychnine arsenate gr. 1-250. To relieve pain, the Hyoscine, Morphine and Cactoid compound, or Caffeine gr. ½; Sodium bicarbonate gr. 1; Acetanilid grs. 3½; or, Acetanilid grs. 2; Veratrine hydrochloride gr. 1-128; Ammonium bicarbonate gr. 1/8. With eliminants, which should be given freely, the culture of Bacillus Lactis Bulgaricus should be exhibited over a considerable time, to insure intestinal cleanliness. If there is gastric pain, fermentation, or if there is migraine or other reflex disturbance of this character, the folowing is indicated: Acetanilid grs. 2½; Sodium salicylate grs. 3; Ammonium bromide grs. 3; Caffeine gr. 1; iodized Lime gr. 1; Charcoal grs. 2; Oil of Cajaput m ½. Locally either of the following counterirritants: Guaiacol grs. 40; Methyl salicylate grs. 40; Menthol grs. 3; Lanum and Petrolatum q. s. to make oz. 1; or, Oil of Turpentine m 8; Oil of Cloves m 10; Oil of Mustard m 4; Guaiacol grs. 4; Camphor grs. 20; Capsicum oleoresin grs. 5; Menthol grs. 16; Ointment base to make oz. 1. The following frequently have their indications: Rhusoid, when there are sharp, boring pains; Macrotoid as an anti-

spasmodic; the salicylates as specific antirheumatics and intestinal antiseptics; Leptandroid as a tonic laxative; Caffeine as a diuretic and cardiac stimulant. In the non specific form, the Staphylo-Bacterin is frequently indicated in connection with the treatment outlined above. In the gonorrheal form, the Gonococcus-Bacterin is indicated, in connection with the following: Calcium sulphide in full dose to saturation; Nuclein solution to induce leucocytosis and improve blood conditions generally; the following as an antiblenorrhagic: Calcium sulphide gr. 1-6; monobromated Camphor gr. 1-6; Hyoscyamine sulphate gr. 1-6000; Methylene blue gr. 1-6; with such additions as may be required and indicated.

(To be Continued)

NOTES on DIAGNOSIS and Treatment of BRAIN TUMORS

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In presenting this brief paper it will not be my purpose to enter into a general discussion of intercranial tumors. That has already been fully covered in the text-books on nervous diseases. I shall only refer to such points of general knowledge as may be necessary to make myself clear, while I dwell more particularly upon the diagnosis and treatment.

It appears there is no form of tumor that has not been found in the brain. This organ seems to be a favorite seat for tumors in general.

Recent writers have seen fit to divide intracranial tumors into many classifications, without, so far as I have observed, throwing any additional light upon the diagnosis and treatment.

The forms of brain tumors most generally met with are glioma, tubercle, sarcoma and gumma. Other forms of met with but are rare.

As a rule a glioma grows slowly, even coming to a complete stand-still at times only to become enlarged later when there is a greatly increased exudate of blood into its structure. Soft tumors and tubercle increase in size more rapidly than do hard tumors. Gliomas and sarcomata appear singly, while hard carcinomata appear in muliple. Tubercle is a disease of childhood and early adult life and is rarely found after thirty years of age. Cancer, on the other hand, seldom makes its appearance until after forty years of age.

The symptoms common to all forms of brain tumors are, localized headache, frequent vomiting, occurring when patient is upright and ceasing when lying down; paralysis at times confined to the central nerves; at others involving the whole side of the body, often localized in the organs of sense, and particularly the eyes; tendency to fall forward or backward; rotary motions when the tumor is situated in the cerebellum, pons, or peduncles; contractions, vertigo, eclampteform seizures which are impossible to differentiate from true epilepic seizures. The patients die either during convulsive seizure, or rather in a progressive coma. The most common symptom is optic neuritis which is present in four-fifths of the cases. This condition is also present in brain abscess, but is rarely intense.

In making a diagnosis we must not forget that while an operation may present elements of danger, yet at present we can hold out no other hope of saving the patient from the unbeara-

ble headaches, epileptic seizures, paralysis, and the steadily advancing blindness, any of which will make the dangers of an operation preferable.

The results of operation will depend upon the certainty of diagnosis. Hence, every means of confirming the diagnosis should be resorted to before we make a positive diagnosis and thus declare the death sentence on the patient, or before we resort to an operation.

The question naturally arises, What rules should we follow in making the diagnosis? With a patient presenting all the classical symptoms, we should proceed to carefully consider each independently and again collectively.

The symptom of headache especially when the patient is in the upright position may be considered as being uniformly present, though Kutter reports a case where a true glioma was removed, and in which headache was not present. Headache, similar to that found in brain tumor may be produced by a number of causes, hence headache in itself cannot be relied upon as a positive symptom of brain tumor.

Choked-disk cannot be depended upon to give the location of the tumor, as has been claimed by some writers, as it has been shown that it may or may not appear on the same side as the tumor. Absence of choked-disk was noted by Kutter in five cases.

Tumors near the surface will present the classical symptoms earlier than those deep down in the brain structure. This is due to the soft, yielding mass of the brain in which the tumor is surrounded, while the surface tumor comes into contact with the unyielding cranial bone and produces a direct pressure on the brain.

Brain puncture is a most reliable means of confirming a diagnosis, as we are enabled to detect pathologic products and make sure of their nature. It also enables us to avoid a futile operation if we find pathologic products at points far apart. Puncture is justified on account of the fatal prognosis of brain tumor, on which the slight danger may be overlooked.

Under local aneshesia of ½ per cent novocain-suprarenin the operation of puncture may be performed with the patient in the sitting position, respiration remaining free and under easy control. In fact the operation for decompression may be best performed in this position under local anesthesia. Alexander and Unger removed a large encapsulated tumor from the upper half of the posterior central convulution at one sitting under local anesthesia with complete recovery to date of report six monhts after the operation. The tumor extended into the lateral ventricle and the only defect left from its removal was a pure stereognosis. Otherwise there seemed complete recovery from the epileptic seizures that followed the growth of the tumor. The patient was conscious during the entire operation, even for a whole minute during which respiration was arrested, but suffered no pain. Diller and Miller report a case of tumor of fair size in the frontal region of the brain which produced none of the well known symptoms of brain tumor, but which manifested itself by Jacksonian epilepsy, involving the left arm and by a slowly developing hemiplegia. This proves that a tumor may declare itself in an irregular and unusual manner, as we would expect in the case of a tumor situated just anterior to the right motor cortex and lying between the falx and frontal lobe would produce symtoms referable to the trunk and leg rather than to the arm. In the case of Diller and Miller the Babinski toe reflex and ankle-clonus were absent, but the knee jerk was distinctly increased as compared with its fellow. This presents a diagnostic sign of some importance.

The mistake is sometimes made of

making a diagnosis of insanity when the case is one of brain tumor. Knapp says that not infrequently patients who were considered just insane have died from brain tumor. It may frequently occur that the mental syndrone is so pronounced that neurologic symptoms are overlooked. Mental symptoms are more prevalent in left-sided tumor, and the larger the growth the more pronounced are the symptoms. Tumors situated in the corpus collosum and frontal lobes are capable of producing mental symptoms which have a close resemblance to simple dementia, and tumors presenting the syndrone of general paresis with or without the delusions of grandeur have also their probable localization in the frontal lobes.

Koster calls attention to murmurs in the skull. He found the murmurs more distinct in anemic conditions, and more pronounced with abnormally low hemoglobin content than with low corpuscle count. The murmurs grew less audible as the blood supply returns to normal. This may be applied as a diagnostic test in brain tumors, as in these cases we have a high local blood pressure, and reasoning by analogy the murmurs should be absent in cases of brain tumors.

The cerebrospinal fluid presents a problem in intracranial surgery that should not be neglected. Herein, to my mind, lies the only hope of reducing the high mortality from brain tumor. It is worth considering that any measure that will decrease the amount of this secretion will cause a reduction of intercranial tension. This increased tension is due to intercranial trauma and tumors. Thus the use of drugs which tend to increase the secretion of the cerebrospinal fluid may produce symptoms which in connection with neurological conditions may cause us to make an erroneous diagnosis of brain tumor. Pilocarpine, for instance, will cause a genuine increase in the secretion of the cerebrospinal fluid. Following this line of thought it would appear that could we reduce the secretion of the cerebrospinal fluid, we could relieve the extreme pressure on the brain, and thus relieve to a certain extent the inoperable cases, and at least reduce the trouble caused by the brain being forced into the gap when the dura is opened. A condition that Marie has relieved to some extent by first making an opening on the opposite side from the tumor. Frazier has succeeded in reducing the secretion of the cerebrospinal fluid and the pressure by injecting thyroid extract, and from his experiments we are led to the conclusion that thyroid extract, when injected intravenously, has a specific inhibitory action on the choroid gland. If this should prove true, we will have made a wonderful advance in the treatment of not only brain tumor, but meningitis and similar conditions as well.

Decompression cannot be depended upon to restore vision in all cases. Care should be exercised in making prognosis in eye cases. It will not save vision if optic atrophy has occurred. In high grades of choked disk decompression seems useless as atrophy will follow. We should also remember that a tumor of the optic nerve may lead to complete atrophy of the optic disk.

The mortality from operation is high. Kutter reports 104 surgical operations at the Bresleu clinic on 100 patients. They succeeded in removing the tumor in 30 cases. Forty-five died as the result of the operation. Krause places the mortality at 50%. Von Eiselberg at 38%. Four of Kutter's patients became totally blind before the operation but regained good vision later.

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MISCELLANEOUS

ELECTRO THERAPEUTICS.

By H. C. Bennett, M. D., Lima, Ohio.

STRICTURES OF THE URETHRA AND THEIR TREATMENT BY ELECTROLYSIS.

Drs. M. & A. Birnay (The Urologic & Cutenous Review) describe the origin of urethral strictures from gonorrheal infection, their situation, peculiarity and treatment by electrolysis. This they prefer to do before resorting to an external urethrotomy. The latter occasions hemorrhage, which requires the patient to be confined for a time in a hospital. Internal urethrotomy has the advantage that open wounds are avoided, but it requires a more or less large instrumentarium. Electrolysis accomplishes as much in a few days.

These are two methods that may be followed, viz., linear and circular electrolysis, of which the circular method is being abandoned by the authors because it entails slow work, a great many sittings and the resort to bougies and mental sounds. They therefore employ linear electrolysis with the aid of the Kollman dilator. In this way, they obtain a permanent result in five or six sittings.

Before the operation the patient is given irrigation of 1:4000 potassium permanganate, 200 c. c. of which are allowed to remain in the bladder. The anesthetic they use is 5:100 or a 2 per cent solution of novocain; this is continued for eight to ten minutes, during which time the urethra is not contracted and the novocain solution is not discharged.

To perform the electrolysis the authors use an electrode having a thread at each end. The introduction of the conducting bougie is the most difficult part of the procedure and requires patience and a certain amount of technic, especially when there are false channels. Force is never used. The obstruction must be overcome with gentle pressure. When the conducting bougie has passed the stricture and has glided into the bladder the sterilized (in formalin) electrode is passed forwards until it impinges on the anterior borders of the stricture and cannot be pushed forward any further. The authors mostly use a calibre of from 22 to 25 Charriere.

The electrode is now connected with the battery and a current of from 20 to 50 milliamperes allowed to flow. The instrument works painlessly. The directing bougie guides its passage. A sense of lightening, as if the route becomes free, is experienced as soon as the stricture is destroyed. It takes but a few minutes, in severe cases perhaps one-fourth of an hour, before the result is obtained.

As soon as the electrode is withdrawn a sterilizd Kollman dilator is introduced and dilatation is done as quickly as possible, the dilatation being continued until a resistance is encountered. Usually this takes until No. 30-35 is reached on the scale of the instrument. The instrument is then released and withdrawn and the procedure is finished.

The patient now empties his bladder of the permanganate solution after which the dilated urethra is irrigated once more.

The operation is absolutely bloodless. In regard to accidents, torsion of the anterior end of the directing bougie may occur, but this can be avoided by using a strong, properly bent bougie. Far worse is a breaking off of the anterior end (as once happened to the authors).

The operation is borne very well by the patient and many of the patients operated upon by the authors were able to leave for home the very same day, requiring in some instances a railroad journey of many hours. Against post-operative pain, the authors employ the following: Atropin 0.001, morph. hydrochlor. 0.01, cocoa butter q. s. in the form of a suppository. For ten days later the patients take 0.5 urotropin, as well as a non-irritating diet and warm baths. Two days after the operation the patient's bladder is again washed out and a rubber bougie is inserted into the urethra. This procedure is repeated five or six times during the month, the intervals between the seances being lengthened more and more.

X-RAY TREATMENT OF MALIGNANT TUMORS

Dr. Charls Goosman (Lancet-Clinic) writes that for many years the value of X-rays in the treatment of malignant tumors has been conceded. But even today there is no agreement on the relative merits of surgery and roentgen therapy in these cases. The following lines are intended to express my personal convictions, but, as the chemical price lists have it, subject to change without notice. For it is as certain as anything can be that radiotherapy is undergoing a rapid development, largely due to better apparatus and improvements in technique.

Cancers of the skin were among the first to be benefited by X-ray treatment, and are still the most responsive forms. So true is that, that in rodent ulcer and superficial epithelioma radiotherapy is deserving of first choice, not only because the cosmetic result is better than after surgical removal, but often because of greater permanence in the result. In the rapidly growing, deep-seated variety, with involvement of the subcutaneous tissue as determined by palpation, surgical removal and post-operative raying constitutes probably the safest line of procedure. When the cranium is involved surgery is certainly desirable, as the X-rays frequently fail to eradicate secondary deposits in bone. As a palliative in advanced and inoperable cases radiotherapy will relieve the symptoms, sometimes convert the case into an operable one, and in occasional instances lead to a clinical cure. In the treatment of all forms, except perhaps the rodent ulcer type, the area of lymph drainage must be included.

Mammary cancer can be discussed in a few words. Surgical removal is always indicated, and should be followed by prophylactic raying. Even when complete removal of the tumor is not possible, it should be cleaned out as far as practicable, as this materially assists the after treatment with X-rays. In early cases, treated by radical operation, the value of X-rays in destroying any overlooked tumor cells can not be proved until a much larger number of cases are subjectd to this combined treatment. But, as Haines has said, in discussing so-called recurrences, it is not recurrence at all, but a continued growth from some cells that escaped extirpation.

Paget's disease, which usually, but not invariably, occurs in the nipple, is, like superficial skin cancers, very amenable to X-rays.

Sarcoma differs oddly from cancer in its response to X-ray treatment, for while lymphosarcoma usually yields more readily, osteosarcoma, on the

other hand may prove much more obstinate than cancer. This is of some practical importance, for in the cases classed by the surgeon as very malignant (small round cell type, for instance) the X-rays are very valuable, while in the slow growing, less malignant forms, the same treatment may occasionally prove entirely without effect.

Pathology. The early investigators found X-rays to possess a strong retarding influence on mitotic cell division, as well as causing marked degenerative changes in the parenchyma cells of the cancers. They therefore, assumed the action of radiotherapy to be a selective one. Later researches tended to lay more stress on the inflammatory reaction of the surrounding connective tissue, and the stimulation of fibrous tissue overgrowth, which was supposed to cause a pressure atrophy of the specific tumor cells. It would appear that bone and cartilage are not susceptible to this stimulating influence, and this may, in part, account for the poor results in some cases where the tumor has invaded bone. It is now generally accepted that destructive action on the tumor cells and stimulation of normal tissue both enter into the results of a successful treatment.

Do small doses of X-ray stimulate cell growth? This is very difficult to answer positively, but experiments on plants and low forms of animal life seem to answer this affirmatively, and the clinical experience of most radiographers confirms the futility of using mild treatments in malignant tumors.

Summary. Except in superficial forms of skin cancer, X-rays do not replace, but assist the surgical treatment of malignant tumors. If post-operative Roentgen treatment is used there will be fewer so-called recurrences. Where operation can not be undertaken, either from the wide extent of the tumor, the general condition of the patient, or unswerving refusal to submit, radiotherapy should be given a thorough trial. But the occasional brilliant results in apparently hopeless cases must not be permitted to blind one to the law of averages.

THE TREATMENT OF GRAVE'S DISEASE BY X-RAYS.

Dr. Gilman Moorhead (St. Paul Medical Journal) reports a few cases in which he has tried the X-rays in the hope of making an operation (which is attendant with some danger) unnecessary. The pretty generally admitted idea that X-rays reduce glanular activity and cause a fibrosis of the thyroid with repeated exposure are the theoretical grounds for its use. He reports nine cases, one under treatment three weeks, with no improvement except lessened tachycardia, two so recently treated that conclusions cannot as yet be drawn, and (of the remaining six cases)) five completely cured of symptoms of Graves disease except slight exophthalmos in four. In the five cured cases the gland is slightly enlarged and feels firmer due to the fibrosis.

One of the five cases cured—a man, age 35, with severe symptoms—had been treated with complete rest in bed sedatives, and diet, and various anti-thyroid preparations for eighteen months. He was thin and anemic, and albuminuria was present. The patient was treated with X-ray four years ago with exposure each day for six weeks. He improved during and after the course. A short second course was given nine months later. At the end of the second course the patient had gained twenty-one pounds. His hemoglobin went from 60 to 95 per cent. during the first nine months of treatment. The albuminuria disappeared, the gland became hard and firm, and the tachycardia and nervousness dis-

appeared. The patient had been actively engaged in work for three years and feels perfectly well.

ELECTRIC LIGHT TREATMENT OF INFECTED WOUNDS.

Dr. Henry Chaput (Medical Press) reports marked success in the treatment of sluggish leg ulcers, third or fourth degree burns, lymphangitis, traumatic gangrene, ulcerated cicatrices, etc., from the use of an ordinary sixteen candle power electric bulb, with reflector. The reflector, with bulb attached, is placed on either side of the affected area on folded towels, the bulb being kept as near as possible to the lesion without causing an unpleasant sensation of heat. The treatment was applied daily or on alternate days for an hour. It was observed to cause a copious outpouring of serum at the affected area and a surrounding patchy erythema which disappeared a few minutes after the end of the exposure. Rapid healing of previously rebellious ulcerations and disinfection of local infectious processes were secured by the author with this procedure. In a case of osteomyelitis with sinus formation and severe lymphangitis of the leg and foot, the electric light treatment annulled the infectious process and overcame sepsis in the bone after a few sittings.

MUSHROOM POISONING.

In mushroom poisoning remember that atropine is often an effective antidote. This is especially true when the symptoms simulate those of pilocarpine poisoning—and in these cases trouble usually begins early. When the appearance of symptoms is delayed for six to twelve hours or longer, atropine is usually contraindicated and treatment must be eliminative and supportive.

CAUSES OF SUDDEN DEATH.

By J. A. Burnett, M. D., Hartshorne, Okla.

Sudden death occurs often enough that in my opinion it deserves more attention than it now receives. There are various causes for sudden deaths and unless a careful post mortem examination is made by a competent pathologist it is hard to tell the cause of a sudden death. Often a patient dies very suddenly, it may be just after a dose of medicine or a hypodermic injection or during an anesthetic or during or just after an operation. Death under such conditions often places the physician in an embarrassing position especially when he knows his patient's friends and relatives do not know the causes of sudden deaths. In the California State Journa lof Medicine, Nov. 1914, Dr. J. M. Brown has an article on "The Status Lymphaticus" which is a very important article and should be read by all who are interested in sudden deaths. Dr. Brown says "The Cause of Death.

It is not known whether a persistent thymus in itself is the cause of these unexpected fatalities or whether it is the combination of hyperplastic tissue along with hypoplasia of the cardiovascular system which is responsible; or the whole picture one of some chronic inflammatory reaction by the toxins formed elsewhere in the body that gives us the status lymphaticus and some otherwise unaccounted for deaths.

"It is thought that the enlarged thymus causes death in the following ways: (1) Pressure on the trachea; (2) pressure on the heart; (3) pressure on the large vessels; (4) pressure on the nerves causing paralysis of the heart or spasm of the glottes; (5) toxins produced by the thymus causing cardiac paralysis."

In the Wisconsin Medical Journal, Jan. 1915, Dr. D. Hopkinson has an

article on "Status Lymphaticus" which is a valuable article. His conclusions are as follows:

"In conclusion while in most cases as McCardee says little or no previous history suggesting the enlarged thymus has been noted the patient having been apparently well and strong up to the time of death. In small children there is frequently stridor causing noisy difficult respiration often called thymic asthma, which may appear suddenly and disappear suddenly; this should call attention to and demand an examination of the thymus gland. I would suggest that not only the heart and lungs be examined before administering a general anesthetic but also an attempt made too outline a possibly enlarged thymus and especially in cases of exophthalmic goiter submitted to operative procedure as history has shown that most of the cases resulting fatally following operation are accompanied by enlarged thymus which may be a factor in the fatal issue."

The public should be better informed on the causes of sudden deaths and aware of the fact that they may occur an any time.

Most all general anesthetics kill a certain per cent of patients but many of the public do not know it. When a person submits to a general anesthetic they must assume the risk as no physician can positively tell what will be the result.

I have given many anesthetics and never had any bad results but I never positively know what is going to be the result and I want it understood that all my patients must assume the risk. Of course all well informed patients know this but some do not.

♣ ♣ ♣

Goodman used to say that the treatment of cystitis requires the three A's —Altitude, Alkalies and Anodynes.

AN IMPORTANT STATE MEDICAL MEETING.

The Medical Society of the State of New York will hold its hundred and ninth annual meeting in Buffalo, April 27-29. On account of the European War, this will probably be the largest medical meeting of the year, except perhaps that of the A. M. A. in San Francisco. Through the co-operation of the military authorities, the meeting will be held in the 65th Regimental Armory—not the old arsenal, now the City Convention Hall. This armory is one of the largest in the country and will afford accommodations for all activities of the meeting, except the annual banquet. A restaurant will be conducted in the building, there will be ample space for commercial and scientific exhibits, and an abundance of halls for general and section meetings. Even an automobile park will be provided on the armory grounds. No one need leave the building except to sleep, unless possibly to attend lectures to the laity which will be given by prominent visiting physicians and which will probably be held in the Masten Park High School across the street.

The choice of the armory is fortunate in another sense, as indicating the organization of the State Society as an arm of the state government. On the last night of the meeting, a regimental parade and review by Gen. Gorgas will be held.

We venture to assert that this meeting will be conducted to insure greater comfort and convenience to guests than any other gathering of the kind. There will be no waste of time in passing from one section to another, no mental strain in fixing one's attention on gall stones, while on the other side of a velvet (?) curtain, some one is discoursing on ventral fixation or an organization of "hundred-point" men is discus-

sing the best methods of selling varnish.

The local committee of arangements consists of the chairman of the following sub-committees. Suggestions and offers of assistance will be gladly received. We understand that the annual meeting is entirely self-supporting, from the sale of concessions, so that no financial contribtuions will be asked.

Sub-Committees of Arrangements:

Reception: Chas. G. Stockton, chairman, 436 Franklin Stret; Arthur W. Hurd, Henry R. Hopkins, William H. Thornton, Henry C. Buswell, Herman E. Hayd, Edward J. Meyer, Harvey P. Gaylord, DeLancey Rochester, Allen A. Jones, Edgar R. McGuire, Thos. J. Walsh, Bernard Cohen, James A. Gardner, Francis E. Fronzak, Lee Masten Francis.

Meeting Rooms: Nelson G. Russell, chairman, 469 Franklin Street; Albert H. Briggs, Renwick R. Ross, Stephen Y. Howell, Theodore M. Leonard, Arthur C. Shaefer.

Publicity: A. L. Benedict, chairman, 228 Summer Street; William W. Quinton, George A. Himmelsbach.

Ladies: Edith R. Hatch, chairman, 2620 Main Street; Maude J. Frye, Myrtle A. Hoag, Lucy A. Kenner, Caroline Licthenburg, Elizabeth Dort, Katherine Munhall.

Transportation: Carl G. Leo-Wolf, chairman, 481 Franklin Street; William Gaertner, Robert E. DeCeu, Edward M. Tracy, Nelson W. Strohm.

Banquets and Hotels: Lesser Kauffman, chairman, 534 Elmwood Avenue; Joseph F. Whitwell, William G. Bissell, Earl P. Lothrop, Frederick J. Parmenter.

Exhibits and Audits: Albert T. Lytle, chairman, 200 Lexington Avenue; Arthur G. Bennett, Juilus Richter.

Registration and Information: Edw. A. Sharp, chairman, 481 Franklin Street; John R. Gray, Clayton M. Brown, John L. Butsch, William L. Phillips, Frank N. Potts, Descum C. McKenney, Herman K. DeGroat, William F. Jacobs, Herbert A. Smith, William Ward Plummer, Augustus W. Hengerer, Nadina R. Kavinoky.

U. S. P. BICHLORIDE TABLETS.

It is understood that the Executive Committee of Revision of the Pharmacopoeia have adopted the recommendation of the American Medical Association, to make "Corrosive Mercuric Chloride Pastilles" official.

The form endorsed by the American Medical Association and adopted by the Revision Committee is the corrosive mercuric chloride pastilles of the German Pharmacopoeia, which is of cylindrical shape, twice as long as thick, wrapped individually in paper bearing the name of the medicament and the word "poison" in suitable and striking letters.

That pieces of the placenta positively known to remain in the womb must be removed, no competent practitioner even if the puerperal woman show no need be reminded; and this is true trace of fever. Otherwise, though, the hand never should be introduced into the uterus, G. Wintr, of Koenigsberg, strongly argues (Monats. f. Geb. u. Gyn., Bd. 39, H. 5), for the purpose of corroborating the suspicion that pieces of placenta may be there, merely because of the woman's high temperature. Because of the ever attendant danger, only the presence of bleeding justifies manual exploration of the womb; fever-temperature alone never. On the other hand, at the time of delivery the cavity must be thoroughly searched if the placenta did not come away clean, and all remnants must be removed forthwith.

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ORIGINAL ARTICLES are solicited from our readers. We wish articles which are sent us to be contributed exclusively to this magazine. We will send the writer of any original article, if desired, twenty-five extra copies of the number containing the article. We are also willing to send copies to the professional friends of the author.

LETTERS, CASE REPORTS AND QUESTIONS are desired for our Discussion Department.

We are not responsible for the opinions expressed by our contributors. We are glad to publish all sides of questions of interest. We publish many communications with which we do not agree.

Reports and items of interest are gladly received.

VOL. 18 FEBRUARY, 1915 No 2

AN INVITATION.

There are many subjects which are not discussed as freely in the medical journals as many of us would like to see. There are also many of us who are able to write upon some subject on which either through personal contact or by considerable research have secured knowledge of importance, which would be welcomed by some other fellow.

This is merely preliminary to the point, however. We believe much of benefit can be derived if you will give to the readers of the Recorder the facts as you have found them. The editors invite you to send for publication an article dealing with some question which seems to you to be of importance. Many theoretical ideas do not stand the light of actual practice and for the benefit of others your deductions and experiences should be given publicity through these columns.

The more neighborly we are in our exchange of thoughts and ideas, the better; it is rubbing elbows in a little different manner than the personal touch but quite effective.

What subject will you write on?

Address manuscript to the Editors of the Recorder, Janesville, Wis.

♣ ♣ ♣

Much has been written during the past year in the newspaper and lay journals in regard to the "Twilight Sleep" as it is carried out in the clinics at Frieburg, Germany. Not much that is authentic has been written about the same in our medical journals because in the large medical centers, the men in charge of the Lying-in Hospitals have been gathering data in regard to the same, so as to have some working basis on which to arrive at some definite conclusion in regard to scopolamine semi-macrosis. As yet a great many of these hospitals have not had the opportunity to watch a sufficient number of cases in order to arrive at any definite conclusions. In other hospitals the men have no hesitancy in expressing a definite opinion in regard to the Twilight Sleep. I believe that the physican and surgeons of the United States are only too glad to give credit where the credit is due, and if there is a means of lessening the suffering of women during childbirth I am sure there is nothing they would not do to accomplish this end, providing the procedure was perfectly safe for the patient.

An article in the March number, 1915, of the Surgery, Gynecology and Obstetrical Journal, by George Clark Mosher of Kansas City, Mo., entitled

"The latest word on the subject of Scofolamine semi-narcosis" is a timely one, and any one interested in this subject can find the latest report of what is being done along this line of work in the better hospitals of the United States.

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SPECIAL SUBJECT NUMBER OF THE RECORDER?

The Editors of the Medical Recorder have speculated somewhat as to whether its many readers would be particularly interested in some one number of the Recorder devoted entirely to some particular subject. That is to say that, all, or practically the bulk of the articles of the journal of the one issue, be devoted to some subject that seemed of particular interest at this time.

There are many subjects that are of interest to physicians in every part of the United States, and the Medical Recorder is circulated in every state in the union. Its readers are therefore, from every part of the United States, and the climatic conditions and those various phases which might effect one locality and not another, would, of course, need to be taken into consideration in the treatment of the subject selected for use in this particular number of the journal.

There are a great many topics of universal interest, however, and the Editors would like to secure an expression of the thought of its readers in connection with the ideas outlined herewith.

Won't you, therefore, write the Editors, giving your ideas along this line, stating what subject you think most interesting from the broad stand-point, and state also if you will contribute an article for that number? These articles must, of course, be furnished by the readers of the Recorder in order to secure therefrom the greatest amount of good.

Please address the Editors of the Medical Recorder, Janesville, Wis., as soon as you can conveniently.

♣ ♣ ♣

TWELVE DEAD FROM WOOD ALCOHOL.

A news item states that twelve persons have died from drinking wood alcohol "whiskey" in Bristol, Vermont. All the victims, it is charged by the authorities, purchased the liquor at a drug store. The druggist was arrested. Feeling ran high in the town, and several demonstrations were made. The sheriff removed the druggist to the county jail in Middlebury.

Thirty other men who are said to have purchased liquor at the same store are being attended by physicians. Several are reported dangerously ill.

♣ ♣ ♣

While we have never believed in the old notion that men went out with the ebb tide, we have always had a general impression that aside from accidental deaths, there was an excess of mortality in the last part of the night. The following statistics of Billings of London, "The Pract.," based on an analysis of 10,000 deaths in London hospitals, 1909 to 1913, show very little difference. 11 p. m. to 3 a. m., 17.06%; 3 to 7 a. m., 17.03%; 7 to 11 a. m. 15.15%; 11 a. m. to 3 p. m., 17.54%; 3 to 7 p. m., 16.83%; 7 to 11 p. m., 16.39%.

♣ ♣ ♣

Food, fingers and flies are the sources of disease. Why doesn't some notoriety seeker devise another religion in which handwashing forms the essential feature? Hebrews and Mohammedans alike did this, and the world has taken its religions from these Semites, but has omitted this rite.

ABSTRACTS

JAUNDICE.

From four years' experience with the study of the duodenal contents as a means of diagnosis of various pathologic conditions, B. B. Crohn, New York (Journal A. M. A., Feb. 13, 1915), gives the results of 120 analyses in various conditions of jaundice, obstructions of bile ducts from stricture or gall-stones, or new growth, pancreatis and miscellaneous conditions. The points especially noted are summed up substantially as follows: Cholecystitis and cholelithiasis usually cause temporary, followed by only partial diminuition of bile outflow; pancreatic ferments remain normal unless the case is complicated with pancreatis. Catarrhal jaundice has no characteristic changes in the duodenal content. In impacted common duct stone, even with long-standing jaundice, bile and ferments usually enter the duodenum readily. Only one excepion to this was noted. In benign postoperative stricture of the bile duct the obstruction to bile may be parial or complete. In thirteen out of fourteen cases of new growth there was complete obstruction and in six instances the external pancreatic excretion was also shut off. Secondary ulceraion of the new growth may allow temporary leakage of small quantities of one or another secretion. Rarely, as in tumors of the pancreas itself, there is no obstruction and the enzymes of the gland themselves may be normal. Blood in the duodenal contents is strongly suggestive of neoplasm. Hypertrophic cirrhosis of the liver with long-standing jaundice shows not only no obstruction to bile, but, on the contrary, a hypersecretion of bile and ferments. In pancreatis, the entrance of bile into the duodenum is frequently obstruction. In advanced cirrhosis of the pancreas the obstrucion to bile may be complete. Pancreatic ferments readily enter the duodenum, but their diminished srength is characteristic of disease. The difficulty of diagnosis of the cause of a long-continued jaundice is very great. There may be as much or more pain with new growth obstruction as with impacted caculi. Courvoisier's law of a tense and enlarged gall-bladder as an index of a new growth is valuable when positive, but in some persons the difficulty of palpating the gall-bladder throws doubt on this sign. Chronic pancreatitis may give a clear history of pain and present a large tense gall-bladder with severe jaundice. Disturbed nutrition and loss of weight occur in all these conditions. Intestinal ture speaks strongly for an ulcerating ture speaks srtongly for an ulcerating neoplasm, and the finding in the stool of free fat and abundant undigested muscle fiber are characteristic of pancreatitis. The duodenal contents are fortunately often of great value in difficult cases where pathognomonic clinical signs are lacking. If the chemical examinaion shows both ducts open, a benign stenosis is most likely. Partial closing of the bile duct with open pancreatic duct usually indicates impacted common duct stone. Complete closure of one or the other ducts generally means neoplasm, especially when accompanied with blood in the duodenal contents. Complete closure of both ducts occurs only with new growth. Definite diminuition of ferments clearly indicates pancreatitis, and is usually accompanied with some decrease of bile. Lastly, and to this he specially calls emphasis, when the duodenal examination is not well defined the interpretation of the laboratory findings must be influenced by the clinical points of the case, as well as the examination of stools. When a middle aged man presents the clinical picture

of obstructed jaundice, probably of malignant origin, and the duodenal contents show the presence of both bile and ferments, the latter in full strength, a benign rather than a malignant condition is suggested. However, if blood is present in the stools, and there is irregular fever and leukocytosis, these point to ulcerating carcinoma probably of the papilla of Vater. The clinical symptoms must be duly estimated in such cases. Second, duodenal content examinations may fortunately show complete absence of bile, which confirms the clinical diagnosis. In most cases complete absence is shown on the first examinaion. Rules based on the majority of chemical examinations can be formulated, but like all biologic rules, are open to exceptions. Five illustrative cases are briefly reported, and the finding in each of the conditions mentioned are given in tabulated form.

TEST MEAL.

M. E. Rehfuss, Philadelphia (Journal A. M. A., Feb. 13, 1915), questions the value of the usual test-meal method for determination of gastric functions. Of course, the gastric secretory output should affect the working conditions of the organ, but it is as absurd, he says, to expect this information from the examination of a single specimen as it would be to expect to obtain an accurate idea of renal efficiency from the examination of a single specimen after the administration of phenolsulphonephthalein. The examination of the gastic jucie and the determination of its motor function must remain the two methods for estimating gastric functions, and newer knowledge only begins to suggest a multitude of causes which can affect this secretion. Hence the futility of the usual methods which he illustrates by tabulated cases, selected from a large number to emphasize the point discussed. It is impossible, he says to interpret the figures obtained by the examination of the test meal removed in one hour by the usual technic. The one-hour period reports but one phase in the constantly changing cycle of gastric digestion. While the high point is occasionally found at the one-hour interval, this is not by any means constant and any possible deviation from this type may be met with. It is impossible to judge what has preceded or what will follow this high point, and hese data are absolutely necessary for a complete understanding. Delayed digestion in many forms, hyperacidity, hypersecretion, early catarrhal sympoms and occult bleeding, are often entirely overlooked in the customary examination. So-called normal figures of the one-hour point cannot be interpreted in the light of a snigle isolated phase examination. They may mean a perfectly normal curve. They may be followed by marked hyperacidity, motility disturbances occurring later. There may be only one point in continued hyperacidity or hypersecretion or a form of larval acidity as shown in one of his cases. Hyperacidity figures may be a part of an abrupt rise or an abrupt fall, or may be part of a continuous hyperacidity with marked hypersecretion and beginning motor disturbances, which are impossible to demonstrate by a single examination. Subacid figures may be part of a general subacid curve or may mean a simple delay in digestion, and may be followed not infrequently by hyperacid figures at a later stage. The ordinary method can show nothing by the crudest anomalies in motor funcions; the fractional method enables us to determine precisely the end point of gastric digestion. In his studies, he has found every form of secretory and motor disturbance, and has been impressed by the fact that the symptom like the actual motor or secrtory disturbances by

no means respects the hour period, and may be found depending on the nature of the case at any point in the gastric cyle. More than three hundred fractional examinations were made by Rehfuss in his studies by a fractional tube, which, by means of its weight, goes to the bottom of the stomach, is well borne, gives a clean sample of the gastric contents, while it permits at any moment the entire gastric content to be withdrawn.

PYORRHEA.

C. C. Bass and F. M. Johns, New Orleans (Journal A. M. A., Feb. 13, 1915), considering pyorrhea dentalis and alveolaris one of the most prevalent diseases to which man is subject. They found it present to some extent in more than 95 per cent. of all adults examined and believe that its importance is not sufficiently appreciated by the medical profession. The specific cause of the disease is the endameba. Their studies, which include more than 300 cases, have been directed toward determining the relation of the endameba to the disorder, the nature of the disease processes and the influence of emetin and ipecac as a specific remedy against the parasite, and the details of dosage, administration, duration of treatment and prevention of reinfection. The organisms are chiefly, if not altogether, E. buccalis, and are demonstrable in all cases by proper technic when the lesions are sufficient to produce the specific separation, though the microscope may be necessary. Material is best obtained by scratching it from the bottom of the pocket. It should not contain very much blood, and may be diluted with 5 or 10 times as much normal salt solution on a microscope slide and examined directly. The organisms vary considerably in size and shape, but with little experience can be recognized. The largest specimens are about the size of E. histolytica and may resemble it. The staining method recommended as sufficient is given as follows: "(1) Spread pus on slide; (2) fix with heat; (3) pour on carbol-fuchsin; (4) wash off at once; (5) stain with Loeffler's methylene blue one-fourth to one-half minute; (6) wash, dry and examine with oil-immersion lens. With this stain the endoplasm and ectoplasm are well differentiated and the parasite can be differentiated from the much more numerous pus, epithelial, and other cells present. The size varies from three times the diameter of pus cells down to smaller than pus cells. The description of the disease is given. It attacks primarily the dental and alveolar periosteum, causing ulceration of the adjacent soft tissues and previous damage to the tissue is probably a precedent. It usually begins around the back teeth and lasts for months and years before its existence is suspected by the patient. The patient may have noticed that the teeth bleed easily, but thinks nothing of it. As it progresses, however, it may go to the extent of completely loosening the tooth and cause more or less soreness, pain and discomfort and an enormous loss in the aggregate of blood swallowed with the pus. Ipecac and its alkaloids, emetin and cephalin, are all that can be asked as endamebacides. The authors' experiments have been limited to the hypodermic use of emetin and later to the oral administration. They have not tried Smith and Barrett's method of injecting it into the pockets, and do not think that it is reasonably possible that such could completely destroy the parasite in the system. They found more than one-half grain given hypodermically each day generally sufficient for an adult, though less than this amount is sometimes insufficient. It may be possible in some cases that larger doses are needed, but this is sufficient for all ordinary cases.

The endamebas disappear in from one to three days of treatment in 90 per cent. of all cases, and the pain, soreness and discomfort rapidly decrease. The lesions, however, may require a much longer time to heal—days or even months. The possibility of reinfection in great, and such things as eating and drinking after others should be avoided. They summarize their paper in the following: "1. Pyorrhea dentalis and alveolaris is practically a universal disease, which leads to the loss of the teeth by a long suppurating process. All people have it sooner or later. It begins in early adult life or earlier. 2. The specific cause of the disease is Endameba buccalis and possibly other species, which infect and destroy the peridental membrane. The pyorrhea results largely from the secondary infection. 3. The demonstrable endamebas can be destroyed by giving one-half grain of emetin hydrochlorid hypodermically for three to six successive days. 4. Apparent equal endamebacidal effect is produced by two or three Aleresta ipecac tablets (Lilly) taken by mouth three times a day for four to six successive days. 5. The lesions require variable lengths of time to heal, but many could not be reasonably expected to heal in less than several weeks or months. 6. The treatment must be repeated from time to time until the lesions all heal, on account of relapse or probably reinfection of the lesions as a result of the great prevalence of the infection. 7. Injecting ipecac or emetin into the worst lesions ought to be of service and can be carried out by the patient in many instances. 8. Rinsing the mouth thoroughly with a solution of fluidextract of ipecac is believed to protect, to some extent, against reinfection, and actually cures the disease in its earliest stages in some instances." The article is illustrated.

ALBUMIN IN SPUTUM.

The albumin sputum method in the diagnosis of tuberculosis is the subject of an article by C. B. Lockwood, Detroit (Jouranl A. M. A., Feb. 13, 1915). Thus far it has not yielded sufficiently satisfactorily results, he says, to warrant its general adoption by clinicians, but after a review of the literature on the subject, he describes the technic and gives his results. The earlier investigators used principally the more accurate Kjeldahl method, while most of those of the last four years have used slightly different technic and for a quantitative determination the Esbach test. In all his cases, he has first precipitated the mucin by mixing thoroughly one part of sputum with one part of 3 per cent. acetic acid and allowing it to stand for some time, then adding one part of water, making a mixture of 33.33 per cent. sputum, mixed well, filtered through gauze and then through fine filter paper, and then using the clear filtrate. Assuming that in tuberculosis there is a digestion of lung tissue, he gives the results of comparing the albumin and digestion products in tuberculosis cases, and then also comparing the precipitate obtained by him, regarding the stage, duration and activity of the disease. The clear 33.33 per cent. filtrate was placed in an Esbach tube to the U mark, then filled to the R mark with a phosphotungstic acid solution, moderately agitated and allowed to stand twenty-four hours, when reading was taken, multiplied by 3 and changed to percentage. The formula of the solution used is given: 1.0 gm. phosphotungstic acid, 5 c.c. hydrochloric acid, alcohol 85 per cent. and dstilled water to make 100 c. c. While this precipitates other things besides albumin he prefers it to the Esbach reagent in the quantitative determination of albumin. The results are given in a table. In another table he has estimated the

albumin in many cases by means of the Kjeldahl method. The tabluations show the albumin positive in all cases examined, and while the average was higher in the tuberculosis cases, there was so much variation in the quantity in both tuebrculous and non-tuberculous patients that this could not be used as a diagnostic aid. The quantity of albumin in tuberculous cases also seemed to bear no relation to the duration, stage, temperature or number of bacilli, and where two precipitation tests were made only one to two days apart, a wide variation was noted in the results. Albumin was practically always present in the sputum, normal or abnormal, and there seemed to be no special relations to the disease in tuberculous cases.

MOTHERHOOD

J. F. Moran, Washington, D. C. (Journal A. M. A., Jan. 9, 1915), reviews the statistics of the Census Bureau as regards puerperal mortality, also the figures of the Registrar General of Great Britain, and those recorded by Von Herff in Germany. He shows that there is still altogether too high a mortality from puerperal infection, and he reviews the advances in the methods, etc., of obstetricians that are at hand to lessen it. The importance of the supervision of pregnancy, he says, cannot be overestimated, and the statistics of maternity hospitals give the most striking evidence of the value of modern aseptic and antiseptic methods. The former mortality in these institutions of 3 to 5 per cent, or, at times, 8 to 10 per cent, has been reduced to a small fraction of 1 per cent, and cases of severe infection are almost entirely abolished. He criticizes the medical curriculum and says that, as J. Whitridge Williams has shown, the present standard of teaching obstetrics, especially clinically, is far from satisfactory. Surgery has been made the intensive course of the general curriculum at the expense of general medicine and obstetrics, which are certainly of more vital importance to the recent graduate. He thinks that the next move in the line of progress should be the revision of the curriculum, so that the greatest good to the race can be accomplished and obstetrics and general medicine should be more intensively taught, while surgery and gynecology, which are elective, can come later. Obstetrics is the most arduous, least appreciated, and least compensated of all branches of medicine. Its dignity and importance will never be recognized as long as the incompetent midwives are placed on equality with the trained practitioner.

ATROPIN IN DYSMENORRHEA

After referring to former papers on the pathologic physiology of uterine bleeding (Journal A. M. A., Oct. 22, 1914, p. 617), Emil Novak, Baltimore (Journal A. M. A., Jan. 9, 1915), says that after recnt menstrual disturbances no therapeutic results have as yet been yielded by theoretical considerations as to the influence of the vegetative nerve system on the menstrual function. It is interesting, however, to know that in the case of dysmenorrhea, recnt studies in this line seem to have suggested a definite method of treatment by atropin, and a number of articles have appeared in German publications on the subject. He refers to the type so characteristically observed in young pulliparous women, frequently associated with scanty menstruation, and sometimes with sterility. The pain, often exaggerated by the nervous or hysterical patient, is sometimes very severe, and is looked forward to with dread. As a rule it is characterized as cramp-like or colicy, beginning a day or two before the actual onset of menstruation, and ceasing

with the establishment of the flow. It is variously spoken of as "spasmodic" or as "essential" dysmenorrhea, and is not dependent on any demonstrable pelvic disease, though in a considerable number of cases there is an underdevelopment of the generative organs or actual infantilism. Treatment has been heretofore unsatisfactory, and surgery has been invoked with equally unsatisfactory rsutls. The explanation most accepted is that the pain is due to a colicky contracture, a spasm of the uterine musculature. The use of atropin in its treatment is based on the fact that atropin diminishes the irritability of the autonomic nerve endings in the uterus. The method of injecting a solution of atropin directly into the cervical canal, suggested by Drenkhahn, was taken up by Novak of Vienna in 1911. Novak administered the atropin in pills containing 0.5 mg., three being given each day beginning just before the expected period. It is less disagreeable than Drenkhahn's method, especially in the case of virgins. Novak has reported 38 cases, with favorable results in 30. In seven cases the treatment failed to relieve the pain and he is inclined to believe that the failures were due to an insufficint dosage. Novak of Baltimore's experience has been more encouraging. He has followed his Vienna namesake's example in giving it by the mouth, frequently in smaller or larger doses than recommended by him. The cases responding more favorably, speaking generally, are those in which the atropin has been pushed to the point of tolerance. His experience is still comparatively small, and many of the cases are of very recent date. While there has been some failure, there have been some very striking successes. In cases in which the classic picture of spasmodic pain is presented by unmarried women, the atropin treatment is indicated, with preliminary pelvic examination, according to his judgment.

TYMPANIC DEAFNESS

P. D. Kerrison, New York (Journal A. M. A., Jan. 9, 1915, reports on his observation in the obstinate form of deafness due to ossicular rigidity or fixation. Fixation of the stapes may be primary when due to morbid changes in the borders of the oval window, is immobilized by fixation of the malleus or incus or both. The essential cause of ossicular deafness is the failure to transmit sound waves to go through the foot-plate of the stapes. The most hopeless type is that in which occurs in otosclerosis and, aside from suppurative lesions, the deafness may be caused by the thickening of the tympanic mucosa, permanent contraction of the tympanic muscle or by adhesive bands formed between the head and crura of the stapes and the oval niche or the long arm of the incus. Kerrison believes that the presence of a reversed, or "negative" Rinne in any case of deafness should be regarded as evidence of stapedial fixation. He also holds that the routine treatment of catheter inflation to correct ossicular rigidity is based on false conception and if used too frequently or forcibly for a considerable period may disturb and tone or mechanism to an extent far outweighing the influence of the comparatively small passive movement produced by the inflation. He reports cases treated surgically by direct manipulation of the ossicular chain, after perforation of the drum head, with decided benefit. He does not, however, recommend this as a routine treatment but reports them to throw light on the lesions and the resulting deafness. Two other cases briefly reported are cited to show that there are degrees of fixation of the stapes, some of which are absolutely uninfluenced by even the most di-

rect and forcible movements of the malleus. Under such conditions the futility of inflation is obvious. Kerrison has found his method of manipulation in many cases to produce an immediate gain of hearing out of proportion to anything that could be obtained by other means and if it was as permanent as it is spectacular it would be a very valuable method. In most cases, however, the gain is not permanent. He points out some fallacies as regards the use of the catheter, or Politzer bag. The first is that they exert any influence on a chronically diseased tube, or that the use of medicated vapors have any beneficial effects. Evidence of the value of any of these as far as tubular lesions is concerned is wholly wanting. In his own experience the local application of the silver preparations, argyrol and silver nitrate chiefly, are the most useful in chronic tubular lesions. Yankauser's method of first cocainizing the tube throughout and following this with a direct application of a 25 to 50 per cent. solution of argyrol gives the best results. He would not altogether abandon the inflation method; if the first inflation causes an appreciable improvement in hearing he would follow it by others on alternate days, for two or three times only, as he believes that no good fundamental result can follow its further use and harm may result. More actual and permanent functional gain can be obtained by treatment directed solely to the diseased lining of the eustachian canal than can ever be obtained by routine catheter inflation. Two conditions, he holds, must be fulfilled by any effective treatment of the conducting mechanism. First the mebrana tensa should be made to execute movements similar to those induced by sound waves; and second, the number of vibrations per second should bear some definite relation to that note in the musical scale which marks the lower limit of the patient's tone perception. The use of tuning forks properly designed for this purpose is describel. The method cannot be expected to break up old and firmly organized adhesion bands within the tympanum and is of greater value in moderate than in advanced grades of functional impairment.

USEFUL DRUGS

The first of a series of special articles on useful drugs appears in The Journal A. M. A., Jan. 9, 1915. It is proposed to discuss the materia medica, pharmacology and chief therapeutic uses of the drugs which have been accepted by the Council on Pharmacy and Chemistry for inclusion in a publication entitled "Useful Drugs." It is evident that the suitable therapeutic use of drugs requires a knowledge of their pharmacologic actions, but many physicians fail to appreciate this. It is often practically impossible for the busy doctor to discriminate between the literature of the independent, disinterested investigator and that of those commercially interested. The pharmacology will be discussed very briefly in some cases, but fully enough to be the basis for the best therapeutic use. Thus quinine, for example, depends for its therapeutic value on its germicidal power, and dosage and methods of administration are of more importance than a knowledge of its other pharmacologic actions, beyond the fact that it is a general protoplsmic poison, and therefore injurious to all tissues which it comes in contact with in sufficient concentration. Digitalis, on the other hand, does more harm than good when used without pretty accurate knowlelge of its pharmacologic actions; hence these will be more extensively treated. Drugs exert speciific actions on certain structures, stimulating or decreasing their normal function. In doing so,

they release the latent energy, and their action will vary in intensity according to the ability of the organism to respond; and the failure of a drug to produce its expected results is often explained by the condition of the organ on which it acts. Every drug has a variety of actions, but only a few are of benefit in any given condition. The others, if not negligible, may be detrimental. The therapeutic usefulness of a drug is dependent on certain organs or tissues, and while the influences of age, sex, weight, diet, etc., in modifying action of drugs, are generally recognized, some of the common causes of their variability which are frequently overlooked will be considered. The differences in absorption and elimination and the degree of dilution influencing the intensity of action will also be fully considered, as a lack of exact knowledge in these regards is a common cause of disappointment, and misinformation is going around. We are not as well informed even on the subject of dosage as we should be, and this illustrates the necessity of a better acquaintance with a few drugs rather than a superficial knowledge of many. Among other matters to be considered in the coming articles are the synergistic actions of medicines, their modes of administration and how to avoid unpleasant effects. Idiosyncrasy, tolerance and cumulative effects, so called, will be discussed in connection with those drugs in the use of which they are important factors. At the present time a vast number of drugs are being pressed on the profession and the public. This is largely due to interested commercialism. In admitting preparations to the book "New and Nonofficial Remedies," a liberal policy was adopted. Any drug was admittel which has a probable value, but among the thousands advertised to physicans, only 340 were deemed worthy of admission, and of these, not more than a score have been found of sufficient importance to merit inclustion in the coming work. The side actions of drugs deserve more attention than they have usually received, and this will also be taken into account. No rigid classification will be followed in the coming work, and the disadvantages of such are pointed out.

STOMACH DILATATION

A. Mayoral, Ponce, P. R. (Journal A. M. A., Jan. 9, 1915), reports a case of acute dilatation of the stomach occurring during an operation for double pyosalpinx, which cannot be explained by any constriction of the duodenum by dragging down of the small intestine, and from which the patient completely recovered with only slight discomfort in the epigastrium for the next twenty-four hours. He ascribes it to a paralysis of the stomach center in the brain, due to the anesthesia that had to be pushed to its limit, since the patient could not be relaxed otherwise; and secondarily, to a rapid development of gases within the organ, favored by the paralysis in its walls.

A case of sciatica due to appendicitis is reported by B. M. Randolph, Washington, D. C. (Jounral A. M. A., Feb. 13, 1915). He is convinced that the initial attack of right-sided sciatic rheumatism in his patient was really an attack of acute appendicitis with peripheral pain in the sciatic nerve due to the proximity of the inflammatory focuses to its fibers. Sciatica is a symptom, not a disease, as this case shows. From the examination of the specimen, there had evidently been an intra-appendicular abscess of long standing, causing a tension in its lumen. The removal of this tension by discharge of pus and inflammatory exudates left behind very little trace of the earlier acute inflammation.

DYSMENORRHEA.

Thomas George Steven's, M. R. C. P. London, in his text book on "Diseases of Women," states, "when menstrual pain is sufficiently severe to interfere with a woman's work or pleasure, even for a short time, it must be dignified by the title of "Dysmenorrhea," and warrants treatment.

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♣ ♣ ♣

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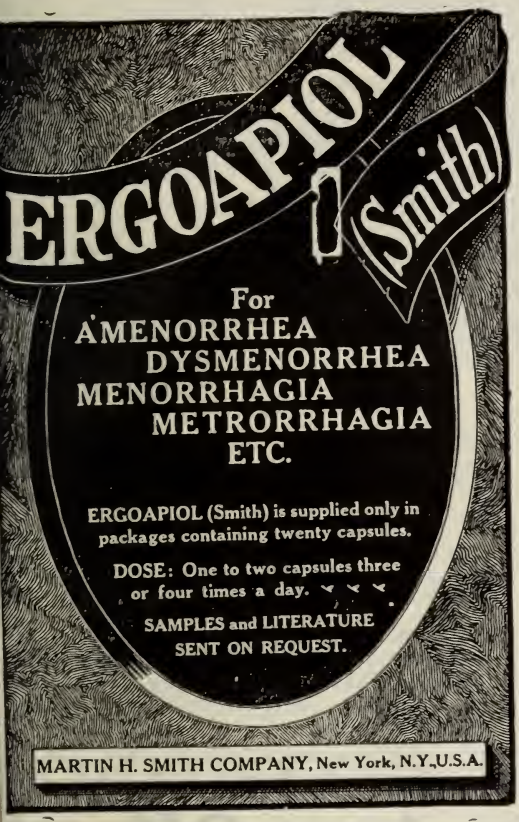
In ivy poisoning much relief may be had from applying a hot saturated solution of epsom salts.—Medical Summary.



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F. W. VANKIRK, M. D., Editor J. P. THORNE, M. D., Associate Editor

CONTENTS

Why Autogenous Vaccines? F. P. Casseday, Ph. B., M. D. 57
The Prophylaxis of Typhoid Fever: T. J. Tuder, M. D. 59
Indications: G. L. Servoss, M. D. 61
Cure of Tuberculosis of Throat with Galvanism: G. F. Walker, N. M. 68
Miscellaneous:
Business Clinics of Frank P. Davis: F. P. Davis, M. D. 71
Prize Competition on "Social Hygiene for Adolescents" 72
Rectal Medication: J. A. Burnett, M. D. 74
Editorial 76
Abstracts 77
The Doctor's Library 80

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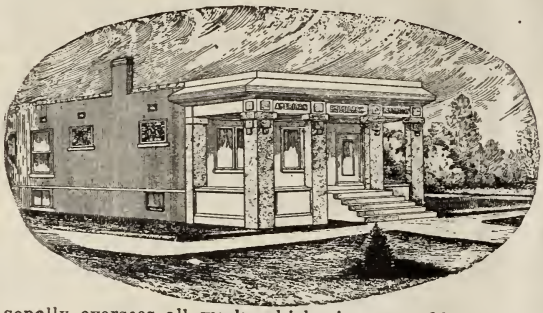

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VOL. XVIII MARCH, 1915 NO. 3

WHY AUTOGENOUS VACCINES?

Frank P. Casseday, Ph B., M. D.
Portland, Oregon

A large number of thoughtful and observant physicians gave up stock vaccines and serums many moons ago.

I am convinced that the use of stock vaccines is not merely negative as to good effects, but they are positively injurious. They are very insidious in their action and as they are mixed poisons containing a variety of pathogenic germs from different sources of disease, they carry disease into the body. Why introduce disease germs in the human body with the hope and expectation that in some mysterious and unknown way they will increase the resistance of the body functions to attacks of disease?

The tolerance of the body to these disease germs and the resistance to their effects when introduced are merely the normal body resistance of normal organs and secretions, and the measure of the body function to counteract such poisons when introduced into the body. A healthy human body cannot stand a large dose of arsenic but when the arsenic is introduced into the body in gradually increasing doses very large doses can be tolerated. But the arsenic is destructive to the secretions and organs, and functions of the body despite the fact the body is putting up the best fight it is capable of against the poison of the arsenic. Some contenders for vaccine apparently believe that because vaccines do not cause instant death ergo they cure disease. Such claims for vaccines and serums have neither logic nor facts to sustain them. Blood poisons are slow and insidious. Their action is to create centres of irritation in the body, periodical attacks of skin eruptions, pustular eruptions, and they always predispose to and promote the development of tuberculosis. The crop of sequelae and after effects of serums and vaccines will be developed in the coming years in weakened constitutions, impoverished blood, and nonresistance to disease.

What of autogenous vaccines? Let us consider a case where the employment of an autogenous vaccine might be indicated. Take a case of fistula ani with a purulent discharge. The body organs and secretions are making every effort to get rid of the pus and heal the fistula. The purulent area is walled off as thoroughly as possible for the body functions to do the work. Nature is showing us as plainly as possible that all that pus is obnoxious and poisonous material and the body is trying to wall it off, and get rid of it. There is no effort to reabsorb that poison, but on the contrary all efforts of the body to get rid of the poison. Upon what basis of common sense, or observed facts in body processes, are we

warranted in inocculating the whole blood stream and system with that purulent matter? There is absolutely no justification for such a senseless and harmful procedure.

Again autogenous vaccines are prepared usually with the blood serum of the patient as a vehicle. The use of blood serum with the pus in autogenous vaccines introduces an element into the whole question of the use of autogenous vaccines, which in my opinion, negatives and invalidates all claims for autogenous vaccines. The blood is the fluid which does all the good, if any good results from autogenous vaccines. Better results from pure blood serum undefiled by pus can be secured in all of these cases than from the addition of pus or other diseased secretions to the normal blood. Adding pus or other secretions to the blood serum merely places more work on the blood ferments, and the efficiency of the blood ferments to exercise their curative effect in getting rid of disease germs. To introduce pus or diseased secretions with the blood serum into the body and then set up the claim that the diluted pus or diluted secretion brings a change in the disease is a non sequitir. No attempt has been made to show the effect of blood serum alone, but the bald and unproved statement is made that it is the diluted pus or diluted secretion which does the work. Such practice and statements are absolutely worthless as evidence and do not prove that diluted pus and diluted secretions have any curative effect whatever.

As a matter of fact recent experiments with pure individual blood much diluted and given by stomach show that blood administered in this way has a remedial effect. Dr. Donald MacFarlan of Philadelphia in the September, 1914, Hahnemannian Monthly in an article entitled "An Indicated Remedy in Saccharine Diabetes" calls attention to the use of blood derived from the patient's own arterial system. Dr. Macfarlan's paper has no reference to vaccines or autogenous vaccines but it does throw a good deal of light upon what I would term "Auto blood therapy."

In this paper the author calls attention to his disbelief in the withdrawal of essentials of the dietary in the treatment of diabetes as pernicious and a thing to be avoided. He quotes Prof. Chittenden of Yale who has taken the position that normal man has need for fats, proteins, carbo hydrates, salts and water, and that if any diet be lacking in one or more of these essentials and the same be persisted in for a moderately long time, diseased changes are bound to ensue.

Dr. Macfarlan further says that anything in a system of treatment which enables sooner or later the diabetic to adequately handle, assimilate, and digest his former all inclusive diet must be classified as a curative remedy in that disease. In the treatment which I cite I think there is disclosed a method which can cure this complaint provided the disease is at all curable.

Dr. Macfarlan is a homeopathic physician. In case No. 1. A man weighing 220 lbs. with a history of diabetes in several members of his family on April 22, 1914, showed present 3.85% of sugar, or by weight 18.5 grs. in ounce. The doctor abstracted blood from the patient's finger and diluted it with water making the 6X potency that is to say he mixed 1 drop of blood with 9 drops of water, of this mixture took 1 drop and added 9 drops of water, and so on to the 6X dilution. The proportion of this mixture is 1 to 1 million and of this he gave a dose every 2 hours. He ate moderately of starch and sugars during the treatment. On May 1st, 1914, the sugar present was 3.57%, or 17.1 gr. to the fluid ounce. He did not feel so well.

Passing more urine. On May 15th, 1914 sugar present was 2.47% or 11.9 gr. to fluid ounce. Some improvement in strength. Appetite good. Steady improvement in sugar content.

On June 9th sugar present was 1.29% or 6.2 grs. to fluid ounce. At this time patient was overjoyed. He had no complaints to make. Still under treatment.

Dr. Macfarlan's suggestion is that diabetic urine is nothing more or less than an effete blood filtrate. The showing in this case is certainly remarkable. The enzymes in this diabetic's blood were powerful and active when diluted in the proportion of 1 to one million parts. Here is a demonstration of the curative power of diluted blood from the patient's own arteries undefiled by us or other filth. Try it in other diseases.

Dr. Macfarlan reports other cases in his article and in every instance the potenized blood from the diabetic's own blood reduced or eliminated entirely the sugar in the urine with the moderate use of sugars and starches.

The blood is the mixing table, the laboratory of the body, in these chronic and intractable diseases let us try the patient's own blood in potenized form in water given by the stomach. By using this method we can make some extremely useful experiments, and will not endanger the lives or imperil the health of the sick still further by injecting pus and disease secretions into the blood stream.

There is no reason why this method cannot be adopted to many diseases. The potenizing and dilution of the blood adds the enzymes of the blood to the system in a different form and split up into finer subdivision. All body enzymes and ferments act in extremely divided form, and there is no doubt that "Auto Blood Therapy" holds out hope of relief in many forms of disease.

THE PROPHYLAXIS OF TYPHOID FEVER

Thomas J. Tuder, M. D.,
Keokee, Virginia

With the approach of summer we are face to face with the danger of typhoid infection, the danger increasing month by month until the return of cold weather. The warm days are awakening germ life, and that ubiquitous pest, the house fly, is abroad in the land again, and we may expect death to follow in his trail this year as heretofore.

We have learned a great deal about the fly. We know his breeding places and his life history, and we are educating the people as to this great menace to human life, and we see signs of a great awakening among the more progressive. They are afraid of flies and are having kitchens and dining rooms effectively screened during the fly season, but we have a great deal of work to do yet before every home, even the very humblest, will see to it that no flies are admitted to kitchens or dining rooms. It was a long time before the people in the malarial districts screened their homes against mosquitoes but now all of them, even the poorest and most ignorant, see that their homes are adequately protected against this much dreaded disseminator of "chills and fever," for now they all know, what we have known for a long time, that is, that "chills and fever" do not come from ill smelling pools and bad drinking water but only through the bite of the mosquito. One

of these days, all over our country, the house fly will be regarded as far more dangerous than the mosquito.

The recent federal law abolishing the common drinking cup on all common carriers, together with co-operative effort on the part of Federal and State authorities to see that only pure water is served passengers on these common carriers, the discontinuance of the roller towel from hotels, individual drinking cups in public schools and communion service in the churches are signs of the times which point to a better day.

But the reform will not stop here. The soda fountains with their careless washing of glasses, dishes, and spoons, serving a typhoid carrier or tubercular sufferer now, and after dipping the glass in cold water passing it to you or me with a cold draught; the saloons, the dispensers of cold drinks in bottles, the fruit and vegetable vendors must be gotten in line and taught their duties as regards the prevention of infection.

Another thing, and this comes closer home,—did you ever have a patient who was afraid of your clinical thermometer? Unquestionably, the medical profession, while lecturing day after day on the minutest details as to the care of patients and the spread of contagious diseases, has, to a large extent, overlooked this weak link in the chain right at home. No ordinary washing, even with soap and water, is sufficient disinfection for your thermometer after you have taken the temperature of a typhoid fever, tubercular, or diphtheria patient, and yet how many physicians there are, capable, efficient, conscientious whose clinical thermometers never receive any more disinfection than this. The people are awakening as to this danger and I have seen several who were afraid of the clinical thermometer in daily use by their physicians.

Every water supply used by any considerable number of people should be examined chemically and bacteriologically a few times during the spring, summer, and autumn for this precaution will often prevent an epidemic of typhoid. In the towns and cities the milk supply should be watched with the utmost care throughout the year, and this can best be done by checking up the conditions in the dairies supplying the milk.

Every typhoid fever patient should be handled with the utmost care to prevent the spread of the disease. While direct contagion is possible, it is rare, yet isolation of these patients in the home or hospital wards, though not generally practiced in this country, is certainly desirable, and the effective disinfection of stools, urine, sputum, clothing, and bed linen should be rigidly enforced. Phenol 1 to 20 added to an equal amount of feces or urine and allowed to stand for two hours, or Milk of Lime, prepared by taking 10 parts freshly burned lime and 60 parts of water, sealing up tightly as soon as the lime absorbs the water to prevent the absorption of CO_2 from the air, which would render it inert as a disinfectant, and to the fresh dry hydrate of lime thus prepared eight times its volume of water is added and this will effectively disinfect three times its volume of feces if the hard lumps are broken up and it is allowed to stand for three hours. Air-slaked lime is useless as a disinfectant, and unless the milk of lime is prepared carefully by an intelligent and careful nurse the phenol solution is to be preferred.

Hexamethylene tetramine, 10 to 15 grains t. i. d. may be administered for bacilluria but the disinfecting solution should still be added to the urine. Sputum should be collected on small cloths or in paper bags and burned promptly. All clothing or linen from

a typhoid patient's room should be alowed to stand for two hours in a 1 to 20 phenol solution and should then be boiled in the process of laundering. Individual dishes should be used by the patient, and these should be boiled thoroughly and not washed with the other dishes.

Of course, no careful physician or nurse will ever handle a typhoid patient without first washing the hands afterward with soap and water and then with 1 to 1000 bichloride solution, and, in my experience, no detail impresses the relatives and attendants of a typhoid patient more than my invariable custom to wash and disinfect my hands after each visit. They at once conclude that the disease must be contagious and dangerous or the doctor would not be so careful about himself.

Anti-typhoid inoculation, now coming into wide use, is usually effective in preventing infection for two or three years and perhaps longer. Its efficacy has been thoroughly demonstarted in our army and navy. A great deal has been written of the danger of the inoculation lighting up other infections, especially latent tuberculosis, and while no one today would recommend the inoculation of a victim of active tuberculosis, we believe the danger of rendering a hidden tubercular infection active is greatly exaggerated. In a series of 300 inoculations, ages ranging from five to forty-five years, no trouble has been encountered other than a few severe reactions for a day or two at the time of the inoculations, and these severe reactions have occurred in families, whose histories indicated an extre susceptibility to typhoid fever. In private practice, I unhesitatingly recommend the inoculation of all healthy members of a family up to forty years of age, when there is a case of typhoid fever in the home, as well as all those unduly exposed to the disease through direct contact or a water or food supply which may be contaminated.

INDICATIONS

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(Continued from page 37 February Recorder)

RHEUMATOID ARTHRITIS.

Forced elimination is indicated in all instances. The alteratives are likewise indicated. As alteratives, Liquor Arsenii Comp. (Barclay), the arsenates of Iron, Quinine and Strychnine, the latter to be alternated with iodized Lime and Iron iodide, with Quinine ferrocyanide added when a sedative antipyretic and reconstructant is indicated. The following ointment, with ten grains of menthol added, and rubbed into the affected joints, twice daily will frequently act to give relief: Guaiacol grs. 40; Methyl salicylate grs. 40; Menthol grs. 3; Lanum and Petrolatum q. s. to make oz. 1. To relieve pain, hot, creolinated Epsom-salt compresses locally, with the Hyoscine, Morphine and Cactoid compound, if required by intensity of the pain. As an antirheumatic, the following is indicated: Salicylic acid gr. 1; iodized Lime gr. ⅓; Colchicine gr. 1-250; Bryonin gr. 1-128; Macrotoid gr. ½; Boldine hydrochloride gr. 1-64 Aromatics q. s. To determine whether or not the condition is due to gonorrheal infection, the injection of 500,000,000 killed gonococci may be employed as a diagnostic agent. If there is infection the local manifestations will be increased, there following increased pain and tenderness and generally a slight temperature rise. If the infection is determined the Gonococcus-Bacterin and

Gonococcus-Combined-Bacterin should be employed in conjunction with the treatment mentioned above.

RHINITIS, ACUTE.

Clear out the bowel with divided doses of Calomel, Podophyllin and Bilein at night, with morning saline to effect. To combat infection, calcium sulphide gr. 1-6 to ⅓, at hourly intervals for twenty-four hours, with the following added, one with each of the first 3 or 4 doses, then with every second or third dose, this to act as an abortifacient: Camphor gr. ¼; Hydrastine hydrochloride gr. 1-250; Hyoscyamine sulphate gr. 1-2000; iodized Lime gr. ⅓. The nose and throat toilet should have attention, spraying first with a solution containing Benzoic acid, Berberine hydrochloride, Boric acid, Camphor, Eucalytol, Menthol, Sodium bisulphite, Sodium silicofluoride, Sodium chloride, Sodium sulphocarbolate and Thymol, as a cleansing agent, followed by an oily solution of the following formula: Camphor grs. 20; Menthol grs. 20; Liquid petrolatum q. s. to make oz. 1. Acetanilid, a ful' dose given with a hot drink, may act as an abortifacient. To overcome excessive nasal discharges, either of the following: Atropine sulphate gr. 1-1500;; Aconitine hydrobromide gr. 1-3000; Morphine sulphate gr. 1-100; Calomel gr. 1-10; or, Atropine sulphate gr. 1-1000; Aconitine hydrobromide gr. 1-3000; Codeine sulphate gr. 1-64; Quinine arsenate gr. 1-32. To relieve headache, especially that of frontal type, the salicylates or Salicylic acid gr. 1; iodized Lime gr. ⅓; Colchicine gr. 1-250; Bryonin gr. 1-128; Macrotoid gr. 1-12; Boldine hydrobromide gr. 1-64; Aromatics q. s. either to be given every 3 to 4 hours for two days. Locally an oily solution carrying grs. 40 of Thymol iodide, or the following ointment may be employed with good effect: dried Alum grs. 5; Ichthyol grs. 10; Phenol grs. 5; Basilicon ointment q. s. to make oz. 1. Nuclein is indicated to reinforce the leucocytes and improve blood quality in general. As absorbents and alteratives, the following have their uses: iodized Lime or iodized Lime gr. 1; Mercuric acid gr. 1-64; Strychnine arsenate gr. 1-128; Phytolaccoid gr. 1-6; Nuclein solution m 2. See acute nasal catarrh.

SCARLET FEVER.

Elimination, by all routes should be stimulated. Calcium sulphide is indicated from the beginning to combat infection and the bacterins, the Scarlatina-Bacterin, as a curative agent to the patient, and the Scarlatina-Prophylactic-Bacterin to those who may have been exposed to the disease. Intestinal antiseptics are indicated, in that toxemia from absorption from the bowel may be obviated. Initially, Calomel and Podophyllin, followed by salines, should be routine practice. To control fever Aconitine, or, if the face is flushed, the eyes bright and there is much restlessness, showing more or less cerebral congestion, Gelseminine meets the indication. As in all infections, to induce leucocytosis, Nuclein solution, the recommended dosage in this condition being 6 drops every hour, or at less frequent intervals, based upon the severity of the case. As diuretics, barasmoid or Asparagin, with Boldine added, if there is deficiency of urea output. The body, scalp included, should be sponged off with an antiseptic solution, followed by antiseptic oily inunction. These should be done daily. The toilet of the mouth and nose should also have attention. Echinacoid may be used to advantage as a general systemic antiseptic and iodized Lime is useful in angina. The following combination is also effective in the latter condition: Iodized Lime gr. 1; Mecuric iodide gr. 1-64; Strychnine arsenate gr. 1-128; Phytolaccoid gr. 1-6; Nuclein solution m 2. Echinacea and Thuja, equal parts, with which

throat is swabbed, may also give relief. As cardiac tonics, Digipoten and Cactoid. Instead of Aconitine or Gelseminine, to control temperature, either of the following may be employed: Aconitine hydrobromide gr. 1-800; Digitalin gr. 1-64; Strychnine arsenate gr. 1-128: or, Aconitine hydrobromide gr. 1-800; Digitalin gr. 1-64; Veratrine hydrochloride gr. 1-128. As a tonic during convalescence, the arsenates of Iron, Quinine and Strychnine in the indicated dose, atfer meals. During the course of the disease, it will be well to flush the bowels with decinormal salt solution, in addition to employing the salines to keep the intestines clear. Among the remedies which have their indications are the following: for nervousness, the Bromides, Scutellaroid or Cypripedoid; as a local antiseptic, Potassium permanganate solution as a gargle; if there is albuminuria, Arbutin as a diuretic; to prevent and relieve post-scarlatinal paralysis, Strychnine or Brucine. It is not necessary to give any information regarding care of patient at time of discharge, as this is well known.

SCIATICA.

Like many of the conditions in which the cause is more or less obscure, it will be found that autotoxemia, with hyperacidity lies at the bottom of the trouble and in all cases the urine should be tested for its degree of acidity. It will be found that, as routine, the bowels should initially be cleared with Calomel and Podophyllin, followed by a saline, preferably one carrying Lithium carbonate and Colchicine. If there is a high degree of urinary activity, the Sodium and Xanthoxyloid compound is indicated, pushed to effect, with Methylene blue in full dosage, the latter alternated with the following: Salicylic acid gr. 1; Iodized Lime gr. ⅓; Colchicine gr. 1-250; Bryonin gr. 1-128; Macrotoid gr. 1-12; Boldine hydrobromide gr. 1-64; Aromatics q. s. To insure a clear bowel, thus overcoming tendency to recurrence, either of the folowing laxatives, after meals, is indicated: Washed Sulphur gr. 1-32; Strychnine arsenate gr. 1-128; Podophyllin gr. 1-64; Collinsonoid gr. 1-128; Berberine hydrochloride gr. 1-128: or, Washed Sulphur gr. 1-10; Strychnine arsenate gr. 1-250; Podophyllin gr. 1-25; Rheoid gr. 1-25; Carminatives q. s. Frequently local hot applications (Epsom-salt compresses) or counterirritants, over the seat of the pain may be effective in bringing relief. The following are recommended: Guaiacol grs. 40; Methyl salicylate grs. 40; Menthol grs. 3; Lanum and Petrolatum q. s. to make oz. 1: or, Oil of Turpentine m 8; Oil of Clovts m 10; Oil of Mustard m 4; Guaiacol grs. 4; Camphor grs 20; Capsicum oleoresin grs. 5; Menthol grs. 16; Ointment base q. s. to make oz 1. Strepto-Bacterin is frequently indicated, as in rheumatism.

SCLEROSIS, ARTERIO.

The alterative and absorbents, eliminants and those agents which will act to relieve tension, are the usual indications. Among the first class, Liquor Arsenii Comp. (Barclay), which carries 2½ grs. of Arsenous acid with 200 grs. each of Strontium iodid and Lithium iodide, fills the indication nicely, and makes an admirable eliminative reconstructant. The dose recommended is from 5 to 10 drops in eight ounces of water every four hours. The salines are invariably indicated, more especially one carrying Lithium carbonate and Colchicine, in that elimination may be more largely favored. To favor Urea elimination, Boldine; to increase output of solids, Irisoid, Rumicoid and Xanthoxyloid; to keep the bowel clean and overcome tendency to fermentation, the culture of Bacillus Lactis Bulgaricus. As an eliminant and antacid, the Sodium and Xanthoxyloid is frequently indicated. To overcome and reduce arterial tension, Glonoin

for immediate, and Veratrine for continued effect. The digestants may be indicated, and the following are recommended: Papain gr. 1; Pepsin gr. 1; Berberin hydrochloride gr. 1-32; Strychnine sulphate gr. 1-128; if a sinple digestant is required; or, if there be hyperchlorhydria, Betain hydrochloride grs. 2; Pepsin gr. 1; Papain gr. ½. The diet should be moderate, with meat either interdicted, or allowed only in very small quantity and the patient should eat slowly and regularly. The fruit juices with salads and fresh vegetables, with alkaline waters, form the preferable diet. The patient should not be allowed to exercise sufficiently to become either mentally or physically fatigued. Saline baths, to keep the skin active, are indicated. Intercurrent diseases should be given attention and terated according to indications presenting.

SCURVY, SCORBUTIS.

This is a disease which is rarely observed at this period, owing to the fact that practically all persons are able to regulate their diet as to overcome its occurrence. A diet of fresh fruits and vegetables, with added Citric or Phosphoric acid, usually acts to overcome and to meet the indications, although in some cases eliminants and absorbents are indicated. Among the latter are the following: Calcium carbonate grs. 10; Lithium carbonate gr. 1; Colchicine gr. 1-500; Aromatics q. s.: as are Irisoid, Juglandoid and Brucine, to increase elimination and appetite, t. i. d. before meals. As tonics and reconstructants, the arsenates of Iron, Quinine and Strychnine with Nuclein; or, Nuclein solution: or, Iron phosphate gr. 1-12; Calcium phosphate gr. 1-12; Potassium phosphate gr. 1-12; Magnesium phosphate gr. 1-12; Nuclein solution m 4. To meet the special indications, the following: if there is hemorrhage, Calcium chloride and Ergotoid; to control acute stomatitis, Aconitine, with Atropine alternated, if there is salivation; to improve blood condition, and as a tonic, defibrinated Blood m 30; Manganese peptonate gr. ½; Iron peptonate gr. 1; Nuclein solution m 5; to overcome intestinal fermentation, the culture of Bacillus Lactis Bulgaricus; as mouth washes, a solution of Zinc sulphocarbolate, as suggested by Talbot; a solution of Boric acid, Sodium sulphocarbolate with tincture Myrrh, or Iodoglycerole, the latter if the gums or spongy.

SMALLPOX, VARIOLA.

As in all acute infections the eliminants and those agents which will act to combat infection are indicated. Initially, the bowel should be cleared out with Calomel, Irisoid and Bilein, followed by a saline. To increase the blood quality and favor increased leucocytosis, Nuclein solution should be given in dose of m 20, every 3 or 4 hours, either by the mouth or hypodermically. Calcium sulphide, to saturation, as a general systemic antiseptic is indicated from the beginning. The entire body should be sponged with an antiseptic, aqueous solution and that followed by application of antiseptic oils or ointments. After the bowels are emptied, they should be kept clean through the use of the sulphocarbolates. Echinacoid, gr. 1, with every second or third dose of Calcium sulphide, is indicated for its antiseptic eeffct. To control fever, Aconitine, Gelseminine, or Aconitine hydrobromide gr. 1-800; Digitalin gr. 1-64; Veratrine hydrochloride gr. 1-128, as may be indicated. As heart tonics, if indicated, either Digitalin or Digipotent, and as general tones, Quinine arsenate with Arsenous sulphide and as alternate, the arsenates of Iron, Quinine and Strychnine, with Nuclein. If there is delirium the pushing of elimination, with Atropine, the Hyoscine, Morphine and Cactoid combination or Hyoscine hydrobromide, are indicated. To

prevent occurrence, or to control conjunctivitis, apply weak solution of Boric acid with Zinc sulphocarbolate to eyes. To relieve cutaneous irritation, give internally Salol gr. ½; Quinine arsenate gr. 1-32; Menthol gr. 1-12 every four hours and sponge entire body with antiseptic solution, followed by antiseptic oils or ointments twice a day. This will act to overcome appearance of many vesicles and to keep those which do appear, small. As the latter appear, incise and apply pure Phenol, neutralize a minute later with Alcohol and dress with an antiseptic oil or ointment. Such treatment, if followed up closely will act to overcome scar formation. The urine should be examined daily, in that nephritis may be treated immediately, if it appears. This also applies to possible complications, which should be met promptly, treatment being applied according to existing indications. Staphylo-Bacterin or Staphylo-Albus-Bacterin not infrequently are indicated and if given from the start may tend to overcome pus formation. They are worthy of trial and if not efficacious, no harm will be done through their use. To favor elimination during convalescence, give frequent courses of Calomel and salines, with Irisoid, Xanthoxyloid and Boldine before meals, with the arsenates of Iron, Quinine and Strychnine with Nuclein, as a tonic, after. Artificial digestant may be required after meals. As a prophylactic measure, with the appearance of single case in any community, all residents thereof should be immediately vaccinated, as should all attendants in the case, and that regardless of prior vaccinations.

STOMATITIS, APHTHAE.

Usually due to faulty metamorphosis or elimination. The bowel should be cleared out with Calomel with Aromatics and Irisoid, followed by a saline and after these have acted effectively, Calcium and Zinc sulphocarbolates exhibited, gr. 1 or 2 of each 4 times a day, these to be given preferably in solution or allowed to dissolve in the mouth, for their local as well as general effect. As a general systemic antiseptic, Echinacoid; to tone up tissues, Brucine or Strychnine; for its constringent effect, Hydrastoid, t. i. d. The toilet of the mouth should be looked to, it being washed out twice daily with either Hydrogen peroxide or a mild, alkaline antiseptic solution. As an alterative and absorbent, iodized Lime is frequently indicated. The liver should be stimulated and the bowels kept in a relaxed condition, invariably. If there is marked acidemia, give the Sodium and Xanthoxyloid compound to effect. Always examine the urine carefully, both in the beginning and at frequent intervals thereafter. The culture of Bacillus Lactis Bulgaricus is indicated to arrest intestinal fermentation, as are frequently the artificial digestants. The arsenates of Iron, Quinine and Strychnine with Nuclein, or Strychnine arsenate gr. 1-128; Iron arsenate gr. 1-32; Manganese phosphate gr. 1-32; Zinc phosphide gr. 1-32, as tonics, meet the indication. Milk and acids should be dropped from the diet list, which should be simple.

SUNSTROKE.

Clear out the bowels rapidly with Elaterin or Elaterium with subsequent salines to effect. To control fever, Aconitine, Glonoin and Strychnine to effect and at such intervals as may be indicated. If there is extreme temperature and congestion, use cold pack or ice bath with Veratrine to full effect. If there is low temperature, as in heat exhaustion, with depression, apply cold to the head with heat to the extremities, with Caffeine, Cactoid, Strychnine or Digitalin, as may be indicated, as stimulants. As relaxants, when required, Apomorphine gr. 1-16

to 1-12 hypodermically, or Lobeline sulphate to such effect. In thermic fever the indication is met by small doses of Quinine ferrocyanide; at such intervals as may give best effect. If there is interference with cardiac action, always use Aconitine with caution. As cardiac tonics, Digitalin or Digipotent.

SYNCOPE (FAINTING).

In this condition there is usually an associated congestion internally and the indicated agents is one which will bring the blood to the surfaces, through dilatation of the different capillaries. Glonoin, either hypodermically, or absorbed from the buccal membrane, invariably meets the indication, with Atropine and Strychnine in small doses, subsequently, to maintain effect. To overcome tendency to fainting, Cactoid or Digitalin with Strychnine or Brucine and Digipotēn later, for continued cardiac support. If due to collapse, following hemorrhage, give Digitalin with Atropine or Hyoscyamine hypodermically. If no other agents are at hand, counterirritation or heat to the epigastrium may give prompt relief. Intercurrent disorders should have attention and tonics should be continued over a considerable time to prevent recurrences.

SYPHILIS (LUES)

While Salvarsan has been offered as an absolute cure for this disease it has been found to fail in many cases, in so far as absoluteness may be concerned and the doctor is obliged to fall back on the Mercurials and Iodides in numerous instances. The main indications are for the use of eliminants and reconstructive alterants and absorbents. While extirpation of the initial sore has not given much encouragement for such surgical interference, the application of a solution of Nuclein solution, Echinacea and Belladonna, locally, has been found very effective by numerous clinicians. From the beginning, both renal, dermal and intestinal elimination must be pushed. If Liquor Arsenii Comp. (Barclay) is given from the beginning there may be a modification, if not a prevention, of the secondary eruption. This may be continued, with good effect, in the advanced stages, and is especially indicated in syphilitic cachexia, but care should be exercised in its use and the urine should be examined frequently for albumen, the remedy being withdrawn if this occurs. With the establishment of the secondary stage the alteratives are indicated and the following are indicated: Iodized Lime, alternated with Mercuric iodide gr. 3-64; Arsenous iodide gr. 1-64; Iodoform gr. ½; Phytolaccoid gr. ½; to which should be added, from time to time, Stillingoid and Irisoid. The saline laxatives are indicated, to maintain free intestinal elimination, throughout the course of the disease. As reconstructants and to incite increased vitality in general, Nuclein or Neuro-lecithin gr. ¼; Nuclein solution m 10. Among the other alteratives, eliminants and reconstructants which have indications, are Arsenous iodide, Pilocarpine; iodized Lime gr. 1; Mercuric iodide gr. 1-64; Strychnine arsenate gr. 1-128; Phytolaccoid gr. 1-6; Nucein solution m 2; and Strychnine arsenate gr. 1-64; Quinine arsenate gr. 1-32; Iron arsenate gr. 1-32; Nuclein solution m 8; iodized Lime gr. 1. It must not be construed from the foregoing that Salvarsan is not to be employed. It should be used in all cases, but where it either does not quite accomplish its purpose, or fails entirely, the above outlined treatment should be used, either alone or in conjunction with "606."

TABES DORSALIS.

Invariably due to syphilis and the mercurials, with the Iodine preparations have their indications, either alone or combined, or in some cases these drugs alternated. Recently,

Chromium sulphate has been employed with good effect, both alone and in combination with the agents above mentioned. One mercurial combination which has a general indication is as follows: Mercurious iodide gr. 1-12; Stillingoid gr. ⅓; Strychnine arsenate gr. 1-64; Iron arsenate gr. 1-32; Quinine arsenate gr. 1-32; Nuclein solution m 5, this to be alternated with iodized Lime and Chromium sulphate to gain best efficiency. Another combination which fills many indications is iodized Lime gr. 1; Mercuric iodide gr. 1-64; Strychnine arsenate gr. 1-128; Phytolaccoid gr. 1-6; Nuclein solution m 2. It is suggested in giving chromium sulphate the following plan be pursued: give 4 grains 3 or 4 times a day for two or three weeks, suspend a week and then resume, exhibiting eliminants to full effect during the interval of rest. That Liquor Arsenii Comp. (Barclay) should be useful in this condition is apparent. Small doses, however, should be employed. An antispasmodics, for the relief of the peculiar pains incident to the condition, the following are indicated: the Hyoscine, Morphine and Cactoid combination, hypodermically, or a modification thereof, per os, give the most rapid relief, but Cannaboid, Atropine and Gelseminine hydrobromide have their indications. Some of the Acetanilid combinations, if employed carefully, are likewise useful for the relief of the "lightning pains," and the following ointments applied immediately over the seat of pain, with heat or cold subsequently, as gives the best result, are also efficient in many cases: Guaiacol grs. 40; Methyl salicylate grs. 40; Menthol grs. 3; Lanum and Petrolatum q. s. to make oz. 1; or, Oil of Turpentine m 8; Oil of Cloves m 10; Oil of Mustard m 4; Guaiacol grs. 4; Camphor grs. 20; Capsicum oleoresin grs. 5; Menthol grs. 16; Ointment base q. s. to make oz. 1. Elimination being usually poor, should be stimulated and the following have their indications as eliminants: Podophyllin gr. 1-6; Leptandroid gr. 1-6; Strychnine arsenate gr. 1-128; Capsicum oleoresin gr. 1-64; Irisoid gr. 1-6; Bilein gr. ⅛; or, Podophyllin gr. ¼; Leptandroid gr. ½; Irisoid gr. ¼; Nux vomica, extract gr. 1-16; Capsicum, powdered gr. ⅓; or, Calomel gr. 1-6; Podophyllin gr. 1-6; Bilein gr. ⅛; Strychnine arsenate gr. 1-250, or one-half this strength; or, Cascaroid gr. 1-6; Strychnine sulphate gr. 1-128; Leptandroid gr. 1-12; Emetoid gr. 1-64; Phenolphthalein gr. ½; or, Phenolphthalein grs. 1½; Senna grs. 1½; Sulphur gr. ⅔; Aromatics q. s.; or such other laxatives, of a gentle character as may be indicated. These to be given every third night, with morning ssaline. To prevent cystitis, to correct if present, the following: if the urine is acid, Xexamethylenamine grs. 5; Arbutin gr. ½; Sodium benzoate grs. 5; or, if alkaline, Hexamethylenamine grs. 3; Arbutin gr. ½; Ammonium benzoate grs. 3. As diuretics, Lithium benzoate gr. 1-6; Barasmoid gr. 1-6; Collinsonoid gr. 1-6; Arbutin gr. 1-6; Oil of Juniper m 1-24; or, Hydrastine hydrochloride gr. 1-64; Berberine hydrochloride gr. 1-64; Helenin gr. 1-12; Leptandroid gr. 1-6; Eupatoroid gr. 1-12. To increase vitality, Strychnine, either as the arsenate, valerate or hypophosphite, is indicated in most cases. As cardiac tonics, Cactoid, Digitalin or Digipoten. In the laryngeal crisis, Glonoin. Electricity has its place, as has graduated exercise, with proper rest, and plain but nutritious diet.

(To be Continued)

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Did you ever use inunction of iodoform ointment in old joint affections? It is a good thing, especially in quiescent tuberculous lesions; but be cautious about inducing an iodoform rash.

CURE of TUBERCULOSIS of THROAT with GALVANISM

G. F. WALKER, M. D.
Deming, M. D.

I am well aware that a certain class of physicians will seriously doubt the propriety of the use of the word cure in the title of this short article while another class will consider it nothing more than the very strong statement of an enthusiast who has been mistaken in diagnosis, but as to diagnosis I will say that in every case that I have reported the diagnosis was made by presumably competent physicians or throat specialists before the subject came to see me for treatment, if there is any dependence to be put in the statements of patients.

All patients applying to me for treatment have informed me that their former physicians and throat specialists have told them their trouble was tuberculosis of the throat from which I infer that physicians and throat specialists generally make use of this term even when it is laryngeal.

The following is but a very brief report of a few cases that I have cured with galvanism, every one of which informed me that one or more physicians or throat specialists had diagnosed the case as tuberculosis of the throat. Every one of these had also been treated with sprays, douches, local applications, etc.

Case 1, a young man much reduced in strength and weight, very poor appetite, vomiting one or two meals each day, running temperature and suffering from a very severe superfluous cough caused by tuberculosis of the throat, also decided lesion in the left lung.

I put him on constitutional treatment and I treated his throat daily when told that it would be necessary to treat his throat he at first demurred saying that he had been treated by three of the best throat specialists in his part of Ohio with spray, local applications, etc., but he could not see that he ever received any benefit at all from any, in fact he believed that every time he had been treated his throat had been made worse but when I explained to him that there was no possible chance for recovery until the throat trouble was cured he reluctantly consented to try it for a short time. The next morning after he had received the fifth treatment he came to my office in very high spirits saying that he had rested better last night than for several months as he had been unable to sleep over twenty or thirty minutes at a time until aroused by this throat cough as he termed it but last night the cough did not disturb him over three or four times and that was when he needed to expectorate. Said he was free from all pain in the throat and he hoped to gain much faster from this on as he was satisfied that the cough had helped to pull him down and keep him down by causing him to lose so much sleep night after night.

At the end of one month's treatment all indications of tuberculosis of the throat had disappeared and to save expense he decided to quit the treatment of the throat, but he continued the internal treatment for two more months at the end of which he decided that he had fully regained his health and would return to his home in Ohio and in spite of all that I could do and regardless of the advice of friends who had witnessed many relapses due to returning to the east too soon after supposed cure he left Deming in the early spring and was caught in a panhandle blizzard and took his bed on reaching his home and lived but about three months but from a friend I learned later that there was no return of the throat trouble.

Case 2. A young man in an advanced stage of tuberculosis of the left lung with tuberculosis of the throat, running temperature, expectorating freely, much reduced in both strength and weight, poor appetite and so hoarse that he could not speak above a whisper. Said he had so much unnecessary cough that he could sleep but little at night, that he did ten times as much coughing as he needed to do for the expectoration. He had been a teacher of vocal music and very much desired that I could cure his throat and restore his voice. Said he did not want to get well if he should lose his voice permanently but he had almost lost hope as he had spent lots of money having his throat treated by specialists back home. Several had promised to cure his throat and restore his voice but all had failed. The last one consulted had informed him that his only chance was in change of climate but he had been in the Southwest for several months with no change for the better He was put on constitutional treatment and his throat treated once a day. After a very few treatments the superfluous cough was completely relieved and at the end of one month his voice had so much improved that his friends were much surprised and at the end of 7 weeks he had gained eight pounds in weight with every indications of permanent recovery when his means ran short and he applied to the county for help and was sent to another physician for treatment, his health very soon commenced to decline and continued growing worse until at the end of three months he was sent to his people back east reaching his home but a few days before his death. At the time he left Deming for home about five months after applying to me for treatment from ordinary conversation his voice seemed to be perfectly normal, neither had he had any return of the superfluous cough.

Case 3. A middle aged lady had broken down from tuberculosis in the east and had come to New Mexico and after living for eighteen months on a ranch she had made so much improvement that she believed her health fully restored. She then came to town and did dressmaking but after some months of over work and the confinement, cough and temperature returned along with a sore throat. She consulted a Deming physician and asked him to examine her throat and lungs. He told her that she had "only tonsilitis and would be all right in a few days." She then consulted another physician whom I am convinced is fully competent to make a correct diagnosis in this class of cases and he informed her that she had tuberculosis of one lung and of the throat, along with internal medicine he treated her throat with local application but she steadily declined in health for five months when she decided to change physicians coming to me. The third day of last September at this time she was running temperature, expectorating, eating but little and as she said was almost down. I put her on constitutional treatment and treated her throat daily for about three weeks, then three or four times per week. At the end of six weeks fever had ceased. Her throat was practically cured and at this writing, 6 months later, she has gained fourteen pounds in weight, is strong and feels well and is seemingly as fully restored to health as any one could be expected to feel five months after treatment was commenced.

Case 4. A man a little past middle age, who had from his boyhood been a business man in a small city of 8000 inhabitants in Ohio. He had been told by five of the best physicians of his city that he had tuberculosis of the throat and was advised to come to Deming, N. M. His family physician

advised his wife to come with him as she would need to take him home in a box in a few months.

He staid in Deming for three months during which time he did no good as he said, he then came to me very hoarse but with very little lung trouble although he had lost some fifteen pounds in weight since the throat had commenced to trouble him. He was treated daily for about five weeks with decided improvement in the condition of the throat and also in the voice though he still remained quite hoarse. He quit the treatment, returned to his old home in Ohio for a visit. His improvement was a surprise to the physicians who had examined his throat nearly a year before. He returned to Deming before cold weather came on and treatment was resumed and continud for some time and at this writing all soreness and pain has disappeared, his voice has improved very decidedly. Though he is still hoarse to some extent he has gained twenty pounds in weight and presents the appearance of being fully cured.

This man has been under treatment longer than any other case I have treated but I think this is due to the fact that he would not take internal treatment.

He told me all of the physicians back east whom he had consulted told him that medicine taken into the stomach would not do tuberculosis any good and as his throat was the only parts where tuberculosis was active I allowed him to have his way as his throat was not nearly so serious as other cases I had treated and cured but everyone of these had taken internal treatment.

The opinion that medicine taken into the stomach will not benefit or cure tuberculosis is not only erroneous but it is pernicious and is the cause of hundreds of deaths annually that should not occur.

Cases have been cured in six or eight months by internal treatment, often they had been treated twice or three times as long by hypodermic methods and then pronounced absolutely hopeless.

I care not how sore or painful the throat may be when the patient comes to me the first time I have never failed to relieve all pain by the time I have finished the first treatment. After some hours the pain returns but after each succeeding daily treatment the intervals of freedom from pain lasts longer so that by the fifth or sixth treatment the pain is relieved permanently, after which the patient experiences no more pain except in a small per cent of cases where there is catarrhal sore throat following taking cold. This sore throat is relieved by a very few treatments. In a few very severe cases I have failed to relieve the pain permanently after five or six treatments but these were extreme cases.

There is no disease of any importance that I can promise a complete cure with more absolute certainty than in tuberculosis of the throat, provided the case has not advanced to a stage where a cure is simply out of the question.

I will admit that this climate is of much assistance in treating these cases but climate alone will not cure any case of tuberculosis of the throat that has advanced beyond the incipiency.

I do not believe any honest, honorable physician will promise to cure any case in any stage with local applications.

My method of treatment is very simple. I use a very mild galvanic current. Treat the patient every day for from two weeks to a month, then every second day. The length of time required for each treatment is from ten to twelve minutes.

I have the patient hold the negative

in one hand and I take the positive in either my right or left as suits convenience, holding the electrode so that the tips of my fingers are free. I now very thoroughly but gently knead and manipulate the sides and front of the neck from the jaws to the clavicles.

I also use a small flat copper electrode about one by two inches in size about which I make several turns of plain gauze moistened with water. I go over the neck with this electrode, applying it direct to the skin. In some cases I moisten the gauze on this copper electrode with a solution of chloride of sodium.

It appears to me that any physician who has had sufficient experience in the use of galvanism to enable him to relieve a toothache, headache or any other pain he is called to treat can cure almost every case that comes for treatment provided the case has not reached the absolutely hopeless stage and provided farther that he gives his case proper internal treatment. Two cases that I have tried to treat without constitutional treatment have given me more trouble than all other cases that I have treated. Yet in neither one of these was there any apparent cause or reason why they should not have progressed as well as the average case as neither of them was as far advanced cases as others that were cured in much less time.

In both of these there was special reasons for omitting the internal treatment.

I will say that in the last three years that I have treated a number of cases of tuberculosis of the throat where the diagnosis had been made before the case came to me and a number of other cases of sore throat in tuberculosis subjects not all of whom I could say with certainty were tuberculosis of the throat. All of these have been cured except those quitting the treatment too soon.

MISCELLANEOUS

BUSINESS CLINICS OF FRANK P. DAVIS.

By Frank P. Davis, M. D., Enid, Okla.

I have before me a copy of Hallock's Chinese Almanac. It is published in Shanghai, China, and has a very large circulation throughout the Flowery Kingdom. This is not a book review, but there are a number of Chinese proverbs in this almanac with the English translation in connection and it is to one of these proverbs that I wish to call your attention. It is; "The principle part of everything is the beginning." There is nothing very startling about this statement, but in the language of the Avenue, "ain't it the truth?"

Physicians will go on for years and years, working day and night in all kinds of weather, burning out the reserve forces of their own bodies, doing an immense amount of "business," increasing their wealth—on the books,—yet they have their nose to the grindstone all the time because they did not begin to collect their fees in a business-like way.

The man who collects regularly, every month, or at least at certain fixed periods; who convinces his clients that he is in earnest and that they must pay him the same as they are required to pay their grocery bills, will find that he will not only win the confidence of his clients, but his wife will get that new Easter bonnet. His name will not appear on the merchants poor pay list. He will begin to be respected by the

business men of the town and will not find it necessary to turn down the side street when he sees one of his creditors coming.

The practice of medicine is like salesmanship in a good many ways. It means the same thing from a business standpoint. Harold A. Holmes. says: "Good salesmanship is selling goods that won't come back to customers that will." Successful medical practice consists in dealing with your client so that he will call you the next time he needs a doctor. You may rate yourself A plus. but unless you gain the respect of the patient you will not "come-back." You can gain his respect best by requiring him to realize that your professional service is worth paying for. If the dry goods merchant sold goods to any and all who called. and never asked them to pay. he could soon dispose of his stock. but you would not consider him a very bright salesman. You might even say he was a fool. "Mebbyso" as our blanket Indians say. the business man is justified in thinking the average doctor is a joke when he sees what poor business methods he uses. "Mebbyso" he is right.

The average man can pay $3 to $10 each month to his physician and keep his bills paid up. but when the account runs for a year and then shows up for $30 to $100 it becomes practically impossible for him to meet it. It is then that he begins to feel that the bill is too large: that he has been over charged. and the more he thinks about it the stronger his doubt becomes. until finally it grows into a dislike for the doctor. and when any member of his family becomes ill. he will call for another doctor. Had the first man collected monthly he would have had his money: the client would not have a big bill hanging over him. and he would continue to employ the old physician. The biggest mistake that any doctor ever made is in thinking he is favoring a man by letting his account run. It is doing the client an absolute injustice to permit his account to become so large that he cannot meet it.

Another reason why you should collect the same as the merchants do is that you are not so liable to lose by clients moving away. In city practice this is a source of a large loss to the medical profesion. By making regular weekly. or at least monthly collections you favor your clients by enabling them to keep out of debt. and at the same time. making it impossible to lose over a week or month's service.

When you are in doubt whether to present your bill or not. it is wise to follow the plan of Lord Nelson. who said: "When I am in doubt whether I ought to fight or not. I always fight." When in doubt—get the money!

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PRIZE COMPETITION ON "SOCIAL HYGIENE FOR ADOLESCENTS."

We take pleasure in submitting to our readers the following letter and the material regarding a competition for a prize of $1000.00 suggested and provided by the Metropolitan Life Insurance Company. which we have received from the general secretary of "The American Social Hygienic Association. Inc." and trust that some of the pamphlets received by this Asociation will be from readers of the Recorder.

To the Editor.

Dear Sir:

The enclosed material regarding a competition for a prize of $1.000 suggested and provided by the Metropolitan Life Insurance Company for the best social hygiene pamphlet may be of interst to your readers and accordingly suitable for publication or notice in your columns. Both the Metropolitan Company and this Association will

appreciate any publicity you may give to the prize offer I shall be glad to send further information regarding it if you so desire, and shall hope to receive a copy of anything you publish concerning it.

The work of this Association is directed to the promotion and guidance of sex education, the establishment of a single standard of morals, and the suppression of prostitution and its attendant evils—venereal disease, mental and moral degeneracy, and economic waste. The Association believes that the problems involved cannot be successfully attacked without thorough knowledge of their causes, extent and relation to other social problems. It seeks to be guided by reason and the facts, and desires the co-operation of all those who strive for social and moral progress.

Very truly yours, William F. Snow, General Secretary.

THE PRIZE COMPETITION.

In offering a prize of one thousand dollars for a social hygiene pamphlet for adolescents, suggested and generously provided by the Metropolitan Life Insurance Company, The American Social Hygiene Association is presenting a problem for solution by writers in the social hygiene field. The conditions under which this offer is made are printed elsewhere in this number of the bulletin. No suggestions or restrictions as to methods of presentation or treatment of the subject-matter are made. It is perhaps, unnecessary to say that accuracy of statement, such use of statistics and quotations as is wararnted by the context from which they are taken, broad and practical grasp of the subject as presented, soundness of pedagogical method, and attractive and convincing form are among the important points to be considered in judging the merits of manuscripts submitted.

The questions most frequently asked by those interested in the competition are: "What kind of pamphlet is wanted? Is it to be written for boys, or for girls or for both—or for parents? Must it cover the entire period of the four years specified? Must it take up the physiological changes of adolescence? What sort of instruction may the author assume that the child had before reading the pamphlet?" To such inquiries the reply is that the prize has been offered for the best solution of the problem of approaching through the printed word the youth of America from twelve to sixteen years of age. If the author is convinced that the indirect approach through the parent is the proper method, he may prepare his manuscript for use by the parent. If he thinks that the most pressing need is for a pamphlet to be placed in the hands of boys, he may prepare his manuscript for that purpose. Similarly, he may prepare it for the use of girls, or, if he thinks it more desirable, he may combine his information into a single pamphlet for the use of both boys and girls. If he believes that adolescents from twelve to sixteen years of age do not form a practical group, he may direct his effort toward any portion of this age group (for example, those from twelve to fourteen years, or those from fourteen to sixteen years), and may so indicate. He may submit his manuscript as one of a series designed for special groups, but should present also the other numbers of the series to show its character as a whole. Notes explaining the points of view from which it has been prepared may be submitted with the manuscript, bearing the same identifying mark or pen-name but not the name of the author.

It is generally recognized that the early adolescent period in the life of both boys and girls prsents one of the most difficult problems in educational work. In the special fields of instruc-

tion or education with which the social hygiene movement deals, this period is probably the most difficult. There is substantial agreement as to what information ought to be given the young child and as to the desirability of thorough, scientific instruction touching on the problems of sex and reproduction for persons of mature years. But the problem of the early adolescent period still awaits a satisfactory solution.

(Reprinted from The American Social Hygiene Association Bulletin, March, 1915.)

THE AMERICAN SOCIAL HYGIENE ASSOCIATION.

Has been offered a prize of $1,000 by The Metropolitan Life Insurance Company to be awarded to the author of the best original pamphlet on social hygiene for adolescents between the ages of twelve and sixteen years, approved by a committee of judges to be selected by the Association.

Competition for this prize is open to all.

The Metropolitan Life Insurance Company desires to use the winning pamphlet among its industrial policy holders.

The Committee of Judges will conduct the competition in accordance with the following conditions:

Contest closes July 31, 1915, at midnight; any manuscript received later will not be considered.

Manuscripts should not exceed 3500 words and must be in English and must not have been previously published.

Manuscripts must be typewritten on one side only of plain white paper 8″ x 10½″.

Manuscripts must be paragraphed and punctuated for submission as "copy" to printer.

Each manuscript must bear some identifying mark or pen-name, but not the name of the author.

The author's name and address, and the identifying mark or pen-name should be in a sealed envelope, accompanying the manuscript; the face of the envelope should bear the mark or pen-name only.

More than one manuscript may be submitted by the same author.

The winning manuscript, in consideration of the award of $1,000, becomes the property of the donor of the prize, all rights therein being surrendered by the author.

The right to purchase any manuscript submitted, at the rate of 5c a word, is reserved by the Metropolitan Life Insurance Company and by The American Social Hygiene Association.

Any manuscript not winning the prize or purchased will be returned to the author if return postage is provided.

Address manuscripts and requests for further inforamtion to

The American Social Hygiene Association, 105 West 40th Street, New York City.

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RECTAL MEDICATION.

By J. A. Burnett, M. D., Hartshorne, Okla.

Rectal injections are used for three purposes:

1st. To unload the bowels.

2nd. For local medication.

3rd. To produce general systemic effect.

Most physicians do not use rectal injections only to unload the bowels in case of constipation. The laity know practically nothing of the value of rectal injections only to move the bowels because this is all they have learned from the physician. When the lower gut is diseased rectal injections are used for local effect, as in this way the medicine is applied to the diseased parts.

The other form of rectal medication is to inject drugs to be absorbed to be

used for general systemic effect the same as if they were used by mouth.

Rectal medication is often of great value and in some cases it is the best way a drug can be used. Rectal medication is not needed in all cases no more than hypodermic medication or other forms of using a drug.

In my opinion rectal medication in certain cases with certain classes of drugs should be more generally known as it will produce results that cannot be obtained as quick or as good by the use of the drug by any other mode of application. Not all drugs are suitable for rectal medication.

When a drug is used by the rectum to produce general systemic effect the proper doses and proper technic must be employed or a failure will be the result.

But few physicians know the real value of rectal medication for general sytemic effect or how to employ the proper technic.

Results from the rectal use of some drugs in some cases can be obtained in one, two or three days that would take a week or two by any other mode of application for the same drug. When people are sick they usually want to get well as quick as possible and when a treatment is safe and not painful they usually prefer the method that will cure the quickest.

I hope these few lines will draw attention to rectal medication for general systemic effect for such method is capable of doing much good. I would advise all physicians to read up on rectal medical medication for general systemic effect especially those interested in diseases of children, particularly those from 8 to 15 years old.

♣ ♣ ♣

In infantile syphilis, begin mercury at once, whatever you may do with adults. The syphilitic child tolerates mercuric unusually well.

BACTERIOLOGY OF ECLAMPSIA.

G. F. Dick and G. R. Dick, Chicago (Journal A. M. A., Jan. 9, 1915), report the results of urinary examination in a patient who died of eclampsia. The urine was obtained by cathter under aseptic precautions, and aerobic cultures on blood ascites-agar gave no growth, but anaerobic cultures on the same medium and dextrose-agar cultures showed many slow-growing colonies visible on the third day. They consisted of Gram-negative bacilli about the size of influenza bacillus, and gave no apparent result from inoculation of a small dog. In one of the agar-shake cultures there developed a single colony of Gram-positive short chained streptococci which did not grow in transfer. While little can be said as regards the significance of the findings, it seems to the authors to indicate that the infectious theory of eclampsia is still worthy of consideraion.

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Valerian has fallen into disuse which is a pity. Many times the powerful anodynes and nerve sedatives are employed when a weaker drug would better fill the need.—Ellingwood's Therapeutist.

♣ ♣ ♣

Iodoform rash is one of the meanest of local lesions to handle. If you ever have a case, try glycerite of starch. Water seems to do it harm, but the parts may be freely washed with olive oil or cotton seed oil.

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To disinfect small quantities of water for campers or travelers, Whittake recommends calcium hydrochlorite and sodium carbonate to be dried, mixed and dispensed in hermetically sealed capsules.—Am. Jour. Pub. Health.

The Wisconsin
Medical Recorder

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ORIGINAL ARTICLES are solicited from our readers. We wish articles which are sent us to be contributed exclusively to this magazine. We will send the writer of any original article, if desired, twenty-five extra copies of the number containing the article. We are also willing to send copies to the professional friends of the author.

LETTERS, CASE REPORTS AND QUESTIONS are desired for our Discussion Department.

We are not responsible for the opinions expressed by our contributors. We are glad to publish all sides of questions of interest. We publish many communications with which we do not agree.

Reports and items of interest are gladly received.

VOL. 18 MARCH, 1915 No.

The conditions of a prize competition that appears elsewhere in this issue should not be overlooked by any readers of the Recorder. There is nothing that has come to our notice in some time that has as much merit, as this topic to be written on, namely, "Social Hygiene for Adolescents." This as we all know is one of the most important problems that parents have to deal with at the present time. It is one that should be of particular interest to every parent because the manner of presenting this subject to the young makes all the difference in the world on how it is received by the child and it is the means of making the child realize the great importance of this subject to itself or it is the means of making the child look upon it in a light manner, and the manner in which this subject is received makes such a difference to the young person receiving the information as we of the medical profession know so well.

This offer as presented is a great opportunity for the readers of this Journal to get busy and win the $1000 prize. It will not be the most scholarly essay that will receive the reward but the one that presents this subject in the manner that can be best grasped by the young mind.

Readers of the Recorder, get busy.

THE MONTHLY CLINIC.

In every line of endeavor, professional or otherwise, the need for rubbing elbows, comparing notes, gather-in together to discuss phases of work, are considered essential and of great value.

The county medical associations have accomplished much good for their members; the state associations are beneficial to those who can attend the meetings, and the national and international conventios are of vast importance to the doctors. The percentage of doctors that attend these various gatherings is relatively small as compared with the number in actual practice. Therefore, the discussion of subjects and cases through the medium of the medical journal is all important, as it brings together hundreds of readers and opens the way for an exchange of your thought, and experience with that of other doctors on like subjects.

The Medical Recorder believes that the profession should make greater use of the columns of this journal. It invites you to write on whatever subject may be of interest to you in your work. The same subject would interest others and be the means of bringing about discussion. Your article or question need not be long necessarily. Send in your thought for publication in the next issues of the Recorder.

ABSTRACTS

PRENATAL CARE

The results of a study of 705 fetal deaths occurring in ten thousand consecutive admissions to the obstetrical department of Johns Hopkins Hospital are published and discussed by J. Whitridge Williams, Baltimore (Journal A. M. A., Jan. 9, 1915). All deaths occurring in children between the seventh month of pregnancy and the full term are included. They are classified as premature or mature according to their weight varied between 1,500 and 2,500 gm. or exceeded the latter figure. The figures somewhat underrepresent the total mortality as they do not include many children dying later from the causes enumerated. They differ also from other statistics as 46 per cent. of the mothers were colored, thus affording opportunity to compare the incidence of certain causes of deaths in the two races. They are also of special value since all of the afterbirths were carefully studied microscopically. But even with this, a positive diagnosis of the cause of death could not always be made. The results of the studies are given in tabulated form. "The most striking features of the investigations are the following: (a) Syphilis is far and away the most common etiologic factor concerned in the production of death, presenting an incidence of 26.4 per cent. (b) Toxemia, including eclampsia, nephritis and occasional rare conditions, which is usually regarded as the condition par excellence which can be influenced by prenatal care, is the cause of only 6.5 per cent. of the deaths, and consequently is accountable for only one-fourth as many as syphilis. (c) Notwithstanding most painstaking investigation, the cause of death could not be satisfactorily explained in 127 cases or 18 per cent. (d) The death rate is nearly twice as high in the blacks as in the whites, 9.4 and 5.1 per cent. respectively, and equals or exceeds that of the whites in all but three categories, namely, toxemia, deformities and placenta praevia." The causes here given are discussed separately. As regards syphilis the tables do not tell the whole story. One hundred and sixty-four babies that were born alive were victims of hereditary syphilis, and the diagnosis in all cases was made only when it was proved by necropsy or examination of the placenta or positive Wasserman in the fetal blood. It is probable that some cases escaped detection and it is also probable that many of the cases under "cause unknown" were also syphilitic. Fifty-three of the fetuses in this group were macerated as is the case in 80 per cent. of syphilitic stillbirths. Under "dystocia" are grouped only the deaths occurring after mechanically difficult labor. Unlike syphilis this cause was more frequent among the whites than among the blacks, which Williams attributes to the smaller and softer heads of the colored fetuses. Only a minority of the deaths were really preventable; some had been transferred to the hospital by physicians or midwives after failing to effect delivery and most of them should be attributed to ignorance; some others were due to errors of judgment, largely unavoidable. Seventy-nine deaths are grouped under the head of "various causes" in which hemorrhagic diseases and bronchopnumonia come first. Prematurity was the cause of fifty deaths, toxemia of forty-six, deformities twenty-six, inanition twenty-three, placenta praevia twenty-two, premature separation of the placenta thirteen, and suffocation and debility three each. Williams believes that too narrow a view is taken as to prenatal care; it is ordinarily thought of as a preventive of toxemia

or as a side issue in the propaganda for breast feeding. He would have it managed from a dispensary connected with the obstetric department of a well equipped hospital which can command the co-operation of trained obstetricians, social service workers, prenatal and obstetric nurses, and in close affiliation with a children's clinic with its corps of organized workers, or at least with a well conducted milk association. Patients should be encouraged to come to the dispensary as early as possible in pregnancy and receive a thorough physical examination with special attention to syphilis and tuberculosis, and the condition of the kidneys. If everything is normal they can be tentatively registered as outpatients, otherwise they should go to the hospital. The homes should be inspected and the patients kept track of and they should return a month before delivery for another examination which should decide whether it should be at the home or the hospital. What further should be done in view of future pregnancies and the general health should be considered.

HYDROTHERAPY

W. F. Martin, Battle Creek, Mich. (Journal A. M. A., Jan. 9, 1915), states the general principles governing the use of hydrotherapy, the depressant effect of cold and the primary stimulating action of heat, and their contrary reactions, together with the reflex action also on the internal organs from the external surface of the body. The applications of special value in urology are also described. The treatment must be directed to the local condition on the one hand, and to building up the patient's resistance on the other. Perhaps the most frequently prescribed hydriatic measure by urologists is a sitz bath. Its marked analgesic effect is the reason. But patients treating themselves are apt to make it too prolonged, thus depressing the general resistance. A hot sitz bath should always be followed by a cold one, when treating chronic affections. Martin specially emphasizes the value of the prolonged cold sitz. It has been extensively used by gynecologists in the palliative treatment of uterine fibroids with chronic congestion, accompanied by menorrhagia. He has found it very valuable in the like treatment of prostatic hypertrophy with congestion, malignant growths with hemorrhages, atonic dilated bladder and in sexual debility. Care should be taken in beginning its use, and it should be preceded by a hot rectal irrigation, and followed by a spray. The neutral sitz, water 92 to 95 F., is also very useful in soothing in irritable conditions of the genital and urinary organs. Other methods mentioned are the pelvic pack, which can be used by patients at home, consisting of a linen flannel and mackintosh, shaped and applied like an infant's napkin. Combinations of all these and other methods properly graduated are very effective in treating chronic infections. The technic is an important feature. It necessitates the reading of a standard text-book on the subject.

RENAL FUNCTIONAL TESTS

W. F. Braasch and G. J. Thomas, Rochester, Minn. (Journal A. M. A., Jan. 9, 1915), say that as a result of the work of Rowntree and Geraghty the impression now in this country is that an estimation of the renal function by means of chemical tests (and by means of phenosulphonephthalein tests in particular) is always necessary before any surgical procedure can be safely made in the urinary tract. The statement is frequently made in the literature that the greatest danger in renal surgery is insufficiency of the other kidney. This, however, they say has not been proved. In 485 patients on whom nephrectomy was performed at the Mayo Clinic during the past five

years, nineteen died as the result of the operation. A review of the post-mortem findings in these cases shows that renal insufficiency was the cause of death in but one case in which a complete cystoscopic examination was made prior to operation. It is well known that when one kidney is diseased the function of the other kidney is temporarily reduced so much as to suggest an actual lesion. The degree of functional reduction, however, is not necessarily commensurate with the the destruction of actual tissue. The defect of all functional tests is that while they give the functional activity at the time one cannot say from them what the pathologic conditions will be when they have been corrected. According to the authors' experience the fundamenta surgical principles and the clinical data, including a careful cystoscopic examination, are to be relied on to determine whether or not to operate. They give their experience with the phenosulphonephthalein test in various conditions of urinary disorder including prostatic hypertrophy, renal stone, stone in the ureter, hydronephrosis, etc. Probably the greatest value of the functional test, they say, will be as an aid in the diagnosis of doubtful lesions of the kidney and for this purpose phenosulphonephthalein is admirably adapted. Braasch and Thomas emphasize that it is not their purpose to belittle Geraghty and Rowntree's work and the phenosuphonethalein test is probably the best functional test at our command, nor do they desire to minify the value of a careful examination of the character of ureteral secretion in surgical conditions of the upper urinary tract. They do hold, however, that the fundamental principles and clinical data should determine whether or not an operation is to be done and that renal functional tests are of practical value largely as an aid to differential diagnosis and only to a limited extent as a prognostic aid.

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F. W. VANKIRK, M. D., Editor J. P. THORNE, M. D., Associate Editor

CONTENTS

Prolasus Recti: Chas. J. Drueck, M. D. 81
Indications: G. L. Servoss, M. D. 86
The Leper Settlement at Molokai: F. S. Lewis 90
Systemic Effects Caused by Pyorrhea: I. M. Holsapple 95
Miscellaneous:
The Royal Road to Success: F. P. Davis, M. D. 98
Another Cure for Tuberculosis: J. A. De Armond, M. D. 99
Editorial 101
Doctors Library 102
Abstracts 103

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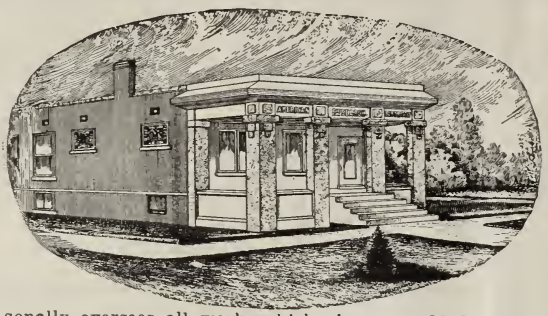

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VOL. XVIII APRIL, 1915 NO. 4

PROLASUS RECTI

CHAS. J. DRUECK, M. D.
Chicago, Ill.

Prolapse of the rectum implies the descent through the anus of a portion of the bowel. This protrusion may consist of the mucous membrane alone or accompanied by the other coats of the bowel, and sometimes includes a fold of peritoneum. This affection is sometimes erroneously called prolapsus ani. Erroneously so, because the anus is only an aperture and is fixed, and although it may to a degree evert it cannot prolapse. The rectum is held in place by the peri-rectal areolar tissue and fascia, the levator ani, the recto-coccygei, and the two sphincter muscles, and the stretching or relaxing of these allows prolapsing. A weakened condition of the muscles and structure constituting the pelvic floor or a lacerated perineum predisposes to prolapse of the rectum, and perpetuates it when the bowel has descended. The protrusion in turn tends to further relax the musculo-fibrous structures. Prolapse varies greatly in the degree, but may be classed under three general headings.

1. Prolapse of the mucous membrane.
2. Prolapse of the mucous membrane and other coats. In exaggerated cases the peritoneum is included.
3. Prolapse of the upper portion of the rectum into the lower (invagination or intussusception).

PROLAPSE OF THE MUCOUS MEMBRANE.

This is merely an everting of the mucous membrane of the lowest part of the rectum, and is due to the looseness of the sub-mucous connective tissue. It is the most common variety, and occurs chiefly in children between two and five years, and also in women rather than in men. During defecation the mucous membrane protrudes from the anus, but returns promptly afterwards, usually of its own accord, although occasionally requiring manipulation. This condition is physiological in the horse.

ETIOLOGY.

The acute variety is found most frequently in children, and vice versa children nearly always present the acute variety of prolapse. The straightness of the infantile sacrum predisposes as does also the relaxed condition of the muscles and other fibrous structures about the anus, such as frequently occurs in anemic and tubercular subjects from the abstraction of fat from the perirectal cellular tissues. The exciting cause, however, is usually straining either at stool during constipation of diarrhea, or as a result of phimosis, stone in the bladder, or intestinal worms. Prolonged coughing or screaming may also cause prolapse.

In adults prolapse comes on gradually, as a rule, although sudden prolapse occasionally occurs. The more frequently the bowel prolapses the more stretched and relaxed the parts, and this weakened condition in turn favors future prolapsing. Conditions

producing edema of the pelvic tissues such as pregnancy, parturition, fecal accumulations, and hepatic troubles induce prolapse by allowing a stretching and separating, especially of the long fibers of the bowel. Paralysis, ulceration, incision or trauma of the sphincter, or sodomy, by weakening its action, which normally should narrow the outlet. Repeated straining due to anal fissure, dysentery, cystitis stricture of the uretha or enlarged prostate produce muscular tenesmus, which induces prolapse. Mechanical dragging down of the mucous membrane by polypi, tumors, foreign bodies or hemorrhoids is a frequent cause. Hemorrhoids and prolapse are very frequently associated, and the prolapse may involve all or only a part of the circumference of the anal opening. It must be remembered that an internal hemorrhoid may be the primary cause of prolapse, especially the lateral variety, only one side of the bowel coming down. The pathology being that the pile excites the bowel to contraction and in endeavoring to expel the tumor the mucous membrane is dragged down with it.

Symptoms.—In mild cases the ring of mucous membrane protrudes during defecation, but returns spontaneously or by the patient's manipulation, and remains so until the bowels move next time. In the early stage before ulceration occurs the protrusion is deep red in color, or may be scarlet or livid, depending on the condition of the sphincter, and is perfectly painless. The surface is marked by the intestinal folds. If ulceration is present the mass will be red and bloody, and considerable pain will be experienced. Later, after the mass has protruded, it will become edematus and difficult to replace, and in old and frequently prolapsed cases the sphincter is relaxed, and though the mass may be easily reurned, it will not remain so. When the mucous membrane alone is prolapsed the tumor is thin, the folds radiate from the surface, which is circular, and patulous, and the protrusion is found to be continuous externally with the skin, and internally with the mucous membrane.

Diagnosis.—Prolapse is to be diagnosed from polypus by being softer to the touch, and having a smooth surface which is uniform in appearance, and by the prolapsed tissue terminating in the rectal wall, and not being attached by a pedicle as is a polypus. Polypi always have pedicles and the larger the polypus the more pronounced and longer is the attachment.

Internal hemorrhoids are frequently difficult to differentiate but the prolapse usually involves the entire circumference of the bowel and has a soft, velvety feel, and if carefully examined a slit like opening in the lower end will be found to open through the prolapse into the lumen of the bowel.

External hemorrhoids, if of the thrombotic variety, are hard and usually smooth and lumbricated or moist, and are always separate and distinct growths which are freely movable.

The age of the patient will be of some assistance, as hemorrhoids and polypi are uncommon in children, and the protrusion is more than likely to be prolapse.

PROLAPSE OF THE DEEPER COATS OF THE RECTUM.

This variety consists in the descent of other coats, perhaps all of the rectum, and in exaggerated cases includes the peritoneum. When the protrusion is two inches or more in length always expect the peritoneum to be involved, for in any case a coil of small intestine, an ovary or a part of the bladder wall may be included. The prolapse usually comes on slowly as an exaggerated stage of the first variety through long continued action of the primary cause, and occurs more frequently in adults, although it does occur in children. In

either children or adults, however, it may come on suddenly as a result of severe straining.

In both this and the previous variety the part of the rectum near the anus protrudes first. This protrusion is thick, firm and pyriform in shape, with a slit-like opening in the lower end. This opening is usually at the back of the lower surface, or even on the posterior wall of the protrusion, and is drawn back by the traction of the meso-rectum, although sometimes in females the traction is forward because of the vaginal attachments. The amount of the rectum prolapsed is variable, at times very little coming out, and again the tumor is as large as a child's head (Tillman). In rarer instances a large part of the colon may be prolapsed. If such a case is dissected all the coats of the bowel are found edematus and swollen, especially at the most dependent part, and often ulcerated. The areolar tissue is infiltrated, and the muscular tissue is hypertrophied. The extruded part is therefore enlarged not only by edema and congestion, but also by the development of new structures. Therefore, the prolapse does not recede to its normal size when replaced and is often too large to be retained. In old cases an hypertrophy of the exposed tissue occurs. The mucous membrane is thick and dense, leathery in structure, especially in the most prolapsed part. The submucous tissues are infiltrated with a hyaline substances, and the muscular layers are hypertrophied. When the prolapse is recent it may be replaced, but descends the next time the bowels move. In old or extreme cases replacement is difficult and painful, although gradulally the anus becomes patulous, and the sphincter paralyzed so much that each time the sufferer defecates, or even moves about the mass protrudes and makes life a burden. The bowel is abnormally increased in size, and too large for its proper position within the pelvis, and although it may be reduced it will not remain so because the tenesmus set up by its presence expels it promtly. In some instances the mucous membrane is eroded and granular, and easily bleeds. In such cases the odor of the sloughing tissues may simulate malignant disease. A prolapse that has existed for some time is often accompanied with an oozing hemorrhage, which requires astringents to control.

Symptoms.—The symptoms of this form of prolapse are similar to those of the preceding, only more aggravated. As this is a chronic condition, the sphincter is weakened, the pain at this stage is not severe, there is a constant mucous discharge, and in severe cases incontinence of feces results. Strangulation is present only in young and robust persons, and is rare in infants or the aged. When it does occur it may be only temporary, but if it continues ulceration and gangrene will follow, which may terminate fatally if the peritoneum is involved. When the lower part of the rectum alone is involved in the gangrene, a spontaneous cure may take place, but by the separation of the protrusion and the resulting cicatrix a stricture is finally produced which leaves the patient in a more deplorable condition than before.

Complications are prone to arise with the involvement of the peritoneal coat, for it is likely to carry down with it a loop of small intestine, an ovary, or the bladder wall. When these organs are brought down, they are usually detected by touch in the anterior part of the tumor. The intestine slips away from between the fingers with a gurgling sound due to the contained gas, or sometimes percussion demonstrates it by resonance. Pressure on the ovary causes a faint, sickening feeling. The bladder is de-

tecting by introducing a sound through the urethra. Each condition constitutes a true hernia of the rectum, and must be immediately replaced if possible because spontaneous rupture of the rectal wall has occurred in these cases. Hernia of the rectum occurring with prolapse is usually recognized by an unusually large, tense swelling in the anterior part of the prolapse. If the buttocks are raised, the hernia usually reduces with a gurgling sound, and the prolapse may then be easily reduced. If the strangulation is not promtly relieved, death ensues from perforation of the bowel and peritonitis. Usually there is no sulcus or depressed line visible at the peritoneal or bladder junction with the bowel, and so there is no way of determining by inspection the presence or absence of peritoneum or bladder in the prolapse.

Diagnosis.—The differential diagnosis between these two varieties is often important. Prolapse of the mucous membrane alone is usually recent, while involvement of the other coats of the bowel is found in cases only of long standing. This implies that it is but an exaggeration of the first variety but in exceptional cases the deeper coats may be prolapsed from the beginning as the result of violent coughing or straining. The tumor, when consisting of mucous membrane alone, is always small sized, but when more of the rectum is involved the protrusion may be enormous. When the mucous membrane is prolapsed the tumor is thin and soft to the touch, and the folds radiate from the orifice, which is circular and patulous, but when the whole rectum prolapes the tumor is conical in shape, and its walls are thick and firm. The opening into the bowel is slit-like, and usually points backward owing to the traction of the meso-colon or else points forward because of the vaginal attachments.

Prolapse of the upper portion of the rectum into the lower (invagination).

This is a true intussusception, any part of the large bowel may be found from the cecum to the rectum. The orifice of the appendix has been seen beside the included bowel. In the previous varieties the dislodged tissues protruded from the anus, but in this form the upper part slips into (telescopes) the lower part, the whole mass remaining within the pelvis. Only in extreme instances does the bowel protrude from the anus. When it does, it appears as a cylindrical, sausage shaped tumor, covered with a dark red, hyperemic, mucous membrane. This variety is most frequent in children, but does occur in adults. The etiology of this form of prolapse is not clear. The bowel in endeavoring to rid itself of a tumor or polypus by its vermicular action may become extruded. Yet inthe great majority of cases the cause is not known.

Symptoms.—The immediate effect of this variety of prolapse is obstruction of the bowels, but this however, is seldom complete for the feces are forced through by the increased contraction of the healthy bowel above, and in fact, sometimes a diarrhea occurs. The first symptom of the constriction is a sharp pain developing suddenly. It may pass off in a few hours and return again, or it may continue from its onset. Vomiting may or may not occur, and if it does it is sometimes relieved by pressure. Abdominal tenderness may even be absent in some cases. The presence of fecal vomiting indicates complete obstruction, and not the part of the bowel involved. Edema of the intestinal walls, due to obstruction of the mesenteric vessel, soon follows, and the serous surfaces become darkened, blood and lymph exuding between the sur-

faces and agglutinating them. The stools may be blackened. If the constriction is severe enough, the prolapsed portion sloughs off, and a circular cicatrix is left. Thus Nature attempts to remedy the trouble, although the scar may in time produce an annular stricture. Sloughing takes place usually after the first week and generally within three weeks, although it may occur much later. Death results in about one-half of the cases where spontaneous separation occurs, and may be due to one of several causes. The local peritonitis which unites the bowel may become general, or the ensheathing portion through ulceration and perforation, may allow extravasation of feces. Aitkin reports a case where the ulceration and perforation was due to the pressure of the end of the contained portion against the side of the containor. Perforation may however, occur at any weak point of union of the intussusception and the intussusceptum. On palpation, a tumor may be felt and may be characteristic, although sometimes obscured by thick abdominal walls or distention of gases. The tumor when found is cylindrical sausage shaped and movable, even changing its position at times. Compared with acute obstruction of the bowels, intussusception of the large bowel is more chronic, less painful, diarrhea is more pronounced, or the evacuations are larger, and the vomiting is variable. Such a condition may continue for weeks and death result from exhaustion, or a general perionitis may develop at any time, especially during the separation of the slough.

Diagnosis.—The diagnosis of this variety is made by introducing the finger within the rectum and feeling the sulcus between the invaginated and the invaginating parts. The bottom of the sulcus, the point where the invaginated becomes the invaginating, may be felt with the finger if it is not too high. If beyond the reach of the finger, a long probe or catheter may be used. Once the sulcus is felt the diagnosis is easy, but when not found we must depend upon the symptoms of intestinal obstruction, and the case must be differentiated from volvulus, stricture, internal hernia, pressure on the bowel of outside tumors, and obstruction due to biliary calculi, foreign bodies or impacted feces. The differential diagnosis is sometimes impossible, but in general it may be said that an acute onset is due to invagination, volvulus or internal hernia. In perforation and peritonitis the vomiting usually remains bilious, and not fecal, tympanitis is less, and the patient voids gas and feces. The temperature is raised in peritonitis and normal in obstruction. Invagination produces partial occlusion, moderate tympanitis, bloody stools, tenesmus and a palpable tumor may be found. Volvulus may have a history of previous peritonitis, or internal hernia, the story of an old hernia that has not come down. In this variety of prolape any portion of the bowel may be involved. Bulteau collected seven hundred and sixty-three cases of invagination, of which two hundred and twenty were involving the small bowel.

Prognosis.—When the mucous membrane alone is involved, a spontaneous cure is frequently effected, simple remedies assisting Nature to a speedy end. In extreme cases, such a cure does not come about, especially in the aged, because thickening has occurred, and surgical procedure is necessary. By medicinal or surgical means, either alone or combined, a cure may be effected in nearly all cases. In adults the prolapse generally involves the small intestine when intussusception occurs, but in children the large bowel alone is usually involved. When only the large bowel is effected the conges-

tion may be moderate in amount, and continue so for weeks before strangulation or ulceration occurs. This is known as chronic intussusception. Strangulation is more frequent when the outer portion is composed of small bowel than when it is the large bowel because of the greater tightening at the constriction.

599 East Forty-Sixth St.

INDICATIONS

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(Continued from page 67 March Recorder)

TONSOLITIS, CHRONIC.

Usually a chronic infection and one which is relieved by a proper bacterin. According to bacteriologic tests, the application of one or more of the following should be made: Staphylo-Bacterin, Strepto-Bacterin or Pneumo-Bacterin. These are usually followed by prompt and satisfactory results. Stimulation of elimination and improvement of nutrition are frequently indicated. The toilet of the nose and throat should be carried out. Applications of mild, alkaline antiseptic solutions followed by oily antiseptic sprays are invariably indicated. Dis solving of Sodium benzoate grs. 5; Iodized Lime gr. ½; Nuclein solution m 5; Aromatics q. s. in the mouth at freqent intervals is useful. The tonsillar crypts should be cleaned out with Hydrogen peroxide, followed by Boric Acid solution spray and then diluted tincture of Iodine applied. If pus is present, incise the crypt and evacuate

TUBERCULOSIS, PULMONARY (PHTHISIS).

Never under any circumstances, treat this as a disease total. No two cases are absolutely identical and the indications must be met as they arise. See to it that the patient lives right. It will not be necessary to go into detail at this time relative to this portion of the subject as it has been hashed and rehashed time and again, time out of mind. Nuclein is indicated in all cases. It may be given hypodermically daily in medium doses; 2 or 3 times a week, intravenously, in full dosage; or by the mouth twice a day in large dose, the dosage to be determined by the blood examinations which should be made frequently. Internally for their reconstructive effect, i odized Lime; Strychnine arsenate gr. 1-64; Iodoform gr. 1-6; Calcium lactophosphate gr. 1-6; Nuclein solution m 5: or, Nuclein solution m 10; Guaiacol carbonate gr. 1; Iodized Lime gr. ½. Liquor Arsenii Comp. (Barclay) for its alterative and reconstructive effect has its indications. Among the tonic reconstructants are the following: Strychnine arsenate gr. 1-128; Iron arsenate gr. 1-32; Manganese phosphate gr. 1-32; Zinc phosphide gr. 1-32: or, Quinine sulphate gr. 1; Iron sulphate gr. 1; Strychnine slphate gr. 1-40; Arsenous acid gr. 1-30; or, Strychnine arsenate gr. 1-128; Quinine arsenate gr. 1-64; Iron arsenate gr. 1-32, with or without Nuclein solution m 4: or, Iron phosphate gr. 1-12; Calcium phosphate gr. 1-12; Potassium phosphate gr. 1-12: Magnesim phosphate gr. 1-12; Nuclein solution m 4. Inhalations of Ammonium chloride vapor and inunctions of Guaiacol are useful adjuncts. As a clean intestine is imperative, as in all infections, the sulphocarbolates are indicated, always. To increase the vital forces, Neuro-lecithin, alone or in combination with Nuclein, with Srychnine frequently, also Digipoten or Coctoid. For nightsweats, Agaricin and Picrotoxin. For hemorrhage, see remarks under head of Hemoptysis. For control of cough, either of the following are indicated: Codeine: or, Lactucaroid gr. ⅓; Morphine sulphate

gr. 1-128; Emetoid gr. 1-250; monobromated Camphor gr. 1-32; Licorice, solid extract gr. 1; Aromatics q. s.: or, Ammonium chloride gr. ¼; extract of Licorice gr. ⅛; Codeine sulphate gr. 1-32; Cubeb oleoresin gr. 1-32. If there is much arterial tension, the following may be indicated to correct: Veratrine, Glonoin or Aconitine. Mixed or secondary infections are common and may be corrected by the proper bacterin, either stock or autogenous, as the case warrants. After proper bacteriologic tests apply the Pneumo-Bacterin, Combined Bacterin (Van Cott) or such other as may be indicated. Tuberculin has been found effective, to some extent, in selected cases, but should not be employed in acute cases, those which are far advanced, or where the temperature is 100° F. or over. Many other agents, too numerous to mention in a short space, have their indications.

TYPHOID FEVER (ENTERIC FEVER).

Initially clear out the bowels with Calomel gr. 1-6, Bilein gr. 1-12 and Podophyllin gr. 1-6, for four to six doses at half,hourly intervals, the last dose to be followed in two hours with saline to be repeated every two hours until the bowel is absolutely cleared of its contents. When this has been done, the sulphocarbolates, in dose of from 10 to 30 grains should be exhibited every 2 or 3 hours and contined to insure perfect intestinal cleanliness. At the very beginning, Typho-Bacterin should be employed. Nuclein solution, to increase leucocytosis, is invariably indicated and for the first few days should be given hypodermically, 20 drops morning and night. Thereafter it should be contined, per os, accompanied by Echinacoid, 10 drops of the former and 1 or 2 grs. of the latter, at three hour intervals. The skin should be kept clean and active through the use of antiseptic baths and the toilet of the mouth should be given attention. To control moderate fever, at hourly inervals give Aconitine hydrobromide gr. 1-800; Digitalin gr. 1-64; Strychnine arsenate gr. 1-128; with Veratrine hydrochloride gr. 1-128 substituted for the Strychnine if fever becomes high and pulse hard. Calomel gr. 1-12; Podophyllin gr. 1-12; Bilein gr. 1-12; Strychnine arsenate gr. 1-500, during the first week, should be given every second night, and thereafter every third night, with sufficient salines subsequently to obtain at least two daily stools. From the start, as a tonic Quinine arsenate, or the arsenates of Iron, Quinine and Strychnine with Nuclein, at intervals of 2 or 3 hours. As cardiac tonics and diuretics, Digipoten or Caffeine, of Cactoid may be given with every other dose of quinine, in dosage of gr. 1-64. This is the abortive treatment, and if pushed hard from the beginning the disease is very frequently cut short. In the severe forms, or those seen late, Nuclein and Echinacoid should be pushed hard and Baptisoid should be added, for its stimulative and laxative effect. The indications for the latter are quoted as follows: "The indications for this drug are distinct, i. e., the face congested, tongue thickly coated with a heavy brown or even purplish fur; buccal mucosa and fauces present similar discoloration; the tongue nder its coating is red; general evidences of profuodn atotoxemia observable." In those cases which are subborn, add Guaiacol carbonate or Nuclein solution m 10; Guaiacol carbonate gr. 1; iodized Lime gr. ½ to the sulphocarbolates. During the fever, small doses of Atropine or Hyoscyamine may be useful, but not later. To control hemorrhage, which will not occur, if above treatment is followed closely and pushed hard, Hydrastoid or Ergotoid. To control persistent diarrhea, Codeine or Zinc slphocarbolate gr. 1; Codeine sulphate gr. ¼; Hyoscyamine sulphate

gr. 1-1000; Strychnine sulphate gr. 1-128. Many other agents have indications, but if the disease is treated as above, there will be but little, if any need of them. With the extensive use of the Typhoid-Prophylactic vaccine it is only a question of time until there will probably be only sporadic cases of the disease. This is an agent which should come into general application. In epidemics at the present time, all persons not already infected with typhoid, should be vaccinated against it, more especially the doctors and nurses and others who come in direct contact with the cases. Even though infected prior to the vaccination, it has been found that persons so treated pass through a very mild course of the disease.

TYPHUS FEVER.

Elimination, by all avenues, is one of the essentials. The general resistance must be kept at the highest point. The heart requires support, especially when antipyretics are employed. As in other infections, the bowels should have first attention and cleared out in the usual manner, through the use of Calomel, Podophyllin and Bilein, followed by he salines. The skin should be sponged with antiseptic solution. hereafter, for the first 24 hours, Atropine is indicatel, both as an antispasmodic and to control the temperature, gr. 1-500 every two hours. Afterward, as antipyretics, Aconitine hydrobromide or Gelseminine hydrobromide, as may be indicated. With these, add Cactoid and Strychnine as cardiac tonics. From the very beginning the sulphocarbolates are indicated, and should be exhibited to effect throughout the course of the disease. To increase vitality the indication is for Nuclein 10 to 15 drops with Quinine arsenate gr. 1-32 every three hours. To control delirium, Hyocsine, a modification of the Hyoscine, Morphine and Cactoid compound, or chloral during the first stage when the delirium is very pronounced. As cardiac tonics, Strychnine, Digipoten, Sparteine, Caffeine, Cactoid, Strophanthin. Fever may be controlled through the use of Creolinated sponge baths and large enemas of physiologic salt solution. he toilet of the mouth, throat and nose reqires attention. During convalescence the following tonics have their uses: the arsenates of Iron, Quinine, and Strychine with Nuclein: Neurolecithin gr. ¼; Nuclein solution m 10; or, Iron phosphate gr. 1-12; Calcium phosphate gr. 1-12; Potassim phosphate gr. 1-12; Magnesium phosphate gr. 1-12; Nuclein solution m 4. If bronchila catarrh occurs the following are indicated: Calcium sulphide, Helenin and iodized Lime.

YELLOW FEVER.

As a prophylactic, saturate all persons who may be in danger of exposure with Calcium sulphide. It has been found that even those who have been previously exposed, fail to contract the disease when so treated. In the treatment of the disease the first indication is a thorough clearing of the bowel which is accomplished as follows: at half-hour intervals, for from 4 to 6 doses give Calomel gr. ⅓; Leptandroid gr. ⅓; Podophyllin gr. 1-6 and two hours after the last dose give a saline laxative in large dose, and repeat he latter every 6 to 12 hours, with the first mentioned, in half the original dose in from 36 to 48 hours. Wash out the bowel with salt solution and apply ice or cold compresses to the head. To stimulate renal elimination, exhibit Barasmoid or Asparagin with barley water and fresh fruit juices. In the first stage, to stimulate dermal elimination, Pilocarpine hypodermically in full dosage. To insure cleanliness of the alimentary tract, 4 to 8 grs. each of Sodium and Calcium sulphocarbolate, in solution, every four hours. Acetanilid is preferable to Aconitine

to control fever and after bowels are cleared out the following may be given; Caffeine gr. ½; Sodium bicarbonate gr. 1; Acetanilid grs. 3½, or double this quantity, with Quinine sulphate grs. 2½ and the dose repeated in 2 hours. Acetanilid should not be employed thereafter. If there is flushed face, Gelseminine hydrobromide may be employed to control fever. To overcome nausea either of the following: Resorcin gr. 1-40; Stovaine gr. 1-50; Atropine sulphate gr. 1-2500; Delphinine, crystal gr. 1-1000: or, Cerim oxalate gr. 1; Bismuth phenolate gr. 1; Stovaine gr. 1-25. To overcome gastric hyperacidity, Sodium carbonate gr. 1; Sodium sulphocarbolate gr. 1; Emetine hydrochloride gr. 1-1000; Hydrastine hydrochloride gr. 1-32; Berberine hydrochloride gr. 1-32; Rheoid gr. 1-6; Aromatics q. s. or Sodium carbonate gr. 1; Sodium sulphocarbolate gr. ½; Juglandoid gr. 1-6; Aromatics q. s.: or, Papain gr. ⅓; Charcoal (vegetable) gr. 1; Sodium bicarbonate gr. ⅔. To correct albuminuria, should it occur, Arbutin. Nuclein is indicated throughout the course of the disease, as in all other infections and by preference should be employed hypodermically. To support the heart, Cactoid or Digipoten. Keep the patient saturated with Calcium sulphide to combat infection. In exhibiting Acetanilid, always combine it with Quinine, Sodium bicarbonate and caffeine. Throughout the entire course, to sustain vitality, exhibit Quinine ferrocyanide, gr. 1-32 to 1-6, as may be required, every 4 hours.

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IDIOSYNCRASY OF DRUGS.

By J. A. Burnett, M. D., Hartshorne, Okla.

There are people who have an idiosyncrasy to certain drugs and do not tolerate them very well as they produce untoward results as nervous or mental symptoms, rash on the skin, swelling of the eyes and various other conditions too numerous to mention.

Occasionally this alarms the relatives and friends of the patient and occasionally they think the attending physician has made a mistake or poisoned the patient through ignorance, etc.

As a rule idiosyncrasy of drugs does not do any great harm but may cause much inconvenience to the patient, hence in all such cases the attending physician should be notified so the drug can be withdrawn and a more appropriate remedy selected.

There is no way to tell when a patient will have an idiosyncrasy for a drug and no living physician or pharmacist or any living man or woman in any profession or business is devoid of making mistakes and in rare instances the best qualified and the most careful person will make a mistake.

A physician that may give a patient medicine can make a mistake or if he writes a prescription it is entirely in the hands of the pharmacist and he may make a mistake. A physician or pharmacist is only human and no more perfect or immune from making mistakes than any other person in any profession or business hence in order to be on the safe side when anything goes wrong the attending physician should be notified in order that he will have due time to correct same if a mistake has been made.

Dr. H. A. Hare says, "Each individual patient is to a certain extent a law unto himself and almost every individual responds to remedies in a somewhat different manner."

On account of idiosyncrasy of drugs a physician should always see his patients occasionally.

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Rheumatism in children in best treated by rest in bed.

THE LEPER SETTLEMENT AT MOLOKAI

F. S. LEWIS,
Janesville, Wis.

The folowing article has been written for the Recorder by Mr. F. F. Lewis of Janesville, Wis., a prominent citizen of that city, who has endeared himself to his friends and the community by his many philanthropies, his unselfish interest in young men and his broad view of life generally.

Mr. Lewis is a traveler and has visited the Hawaiian Islands on several occasions—the last time during the winter of 1915. He was anxious to see and talk with Brother Dutton personally, and would have been able to do so during his recent sojourn on the islands had his time permitted him to remain until the legislative committee made their regular visit to the settlement, for which he had received permission through Brother Dutton's request to that body.—Editor's Note.

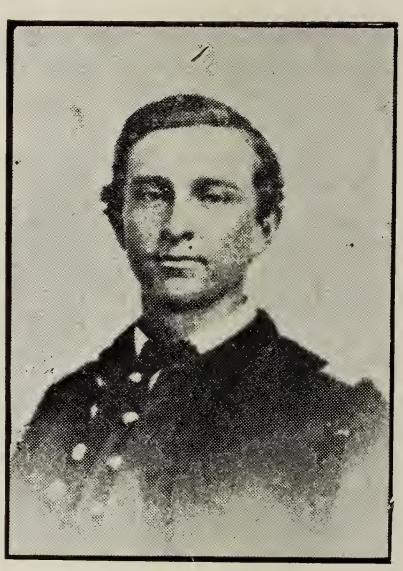
The Leper Settlement at Molokai, Hawaii Territory was established in 1865 on a tract of land along the base of extended mountain cliffs varying in height from 1500 to 2500 feet. The land is on the northerly side of the island and extends about three miles along the mountains, and in the widest part it extends about one and one-half miles into the ocean.

About the center of this tract the land is higher, rising to an elevation of two hundred feet or over. On this plain are located the two villages which comprise the colony of Kalaupapa, the home of the women, and Kalawao that of the men—one at either side of the central elevation.

The great cliff at the rear is practically a sheer descent wholly inaccessible except for a difficult trail over which soldier guards were formerly stationed to prevent intercourse between the people of the leper colony and the other island people, and to prevent the inmates from escaping. Those were the old days when lepers were hunted like wild animals.

There are no soldiers there now. The inmates remain of their own accord. The superintendent and care-takers have the respect and full confidence of these unfortunate people.

The colony at Kalaupapa is under the care of the Franciscan Sisters of Syracuse, N. Y., of whom Sister Marianna has been the Mother Superior since its founding. Father Damien, a Belgian priest, born in Louvain in 1840, began his work in Kalawao in 1873. He volunteered in the work and became to these people the physician of their souls and bodies, their magistrate, teacher, carpenter, gardener, cook and even grave digger at need.



Ira Dutton in 1863

For a long time he worked single-handed at his noble labors but was finally jointed by another Priest. For

eleven years he escaped all contagion, though in constant contact with the sick and dying, and continued in charge till 1889, when he died of leprosy which first appeared in 1884.

When Father Damien discovered himself to be a leper he accepted the fact as his death warrant and wrote the authorities of his church of his condition and asked that a volunteer might be found who would associate himself with the colony with the purpose of continuing the labor of love which he had begun. A long time the request remained unanswered. Knowlege of the request came to Ira B. Dutton of Memphis, Tenn., a veteran of the Union Army in the Civil War who enlisted from Janesville, Wis., the home of his youth, in the 13th Wisconsin Infantry and was honoraby discharged at the close of the war with the rank of Captain.

He evidenced the fact that he was one of "the bravest of the brave" and voluntarily gave up an important position of Government trust, and everything that the world knows as "life" and accepted the call of human need. He arrived at the Colony in 1886, clasped hands with Father Damien and the two heros worked side by side till the one became himself one of the suffering ones who could only be grateful to receive from the hand of his companion the same loving care he himself had so freely and faithfully given to others to the limit even of the very life itself.

Thus passed a great hero to be succeeded by another hero equally great.

Brother Joseph Dutton (the name chosen by him when he was received into the order) has been a ministering angel now these twenty-nine long years—years full of loving self sacrifice—years in which his heart strings too have been in constant vibration until, except for that "help which cometh only from Above," they must have been broken under the great strain.

He is now past three score years and ten. His brow, face and cheeks are rimmed with white hair and beard, but in spite of these the great love which has kept him through the years has been a kindly friend and engraved upon his features only the smiles born of a loving sympathetic service.

Governor Pinkham of the Islands who with others joined the committee from the Legislature on their last visit to the Colony, addressed the assembled lepers, "I did not come here to make an address. As President of the Board of Health, I remember some years ago I used to come here often, and we became friends and I think the friendship which existed then has not diminished.

"I am here this morning in a different position, now being Governor of the Territory, and I assure you that I have the same interest in you people.

"Since I saw you last I have been all over the world, and in many instances I have seen people who were afflicted as you are. I feel that I ought to urge you to bear in mind that the Territory of Hawaii is your friend and that it will use all endeavor to add to your comforts and happiness and I know of no place in the world where conditions can be compared to that which you have here.

"I believe that all officers and doctors and nurses and brothers and sisters who are associated with you are giving all their time and heart to you and are appreciated by you. Nothing can add so much to their happiness as this fact, and the more evidence you can give of this appreciation the greater will be the incentive for them to use every endeavor possible for your welfare and your happiness."

Hon. W. O. Smith who has had much to do with the lepers and the leper colony, who for four years as agent of the Board of Health had to do with collecting lepers, and was for six years President of the Board of

Health and Attorney General in President Dole's Cabinet and who prepared all the legal papers pertaining to the change of the Government from Monarchal to Democratic form has given me the folowing: "I have intimate acquaintance with the Leper Settlement and the subject of Leprosy. I know Father Damien and went to the Settlement before Brother Dutton came. My relation with Brother Dutton has been intimate for a number of years, and he is a man whom we all delight to honor.

Brother Joseph in the Midst of the Leper Colony

Last night I returned from the Leper Settlement at Molokai whither I went with a committee of the Legislature. Our Legislature meets once in two years and a sanitary committee from each house proceeds to the Settlement to investigate the condition of affairs. The first time I went there was in 1878. Of that Committee of seven members I am the only survivor.

The Settlement has been very much improved and I never had a more satisfactory visit than that of yesterday."

"The Leper Settlement of Molokai is one of the attractive villages of the Islands. The lots are well laid out, buildings well kept, roads and highways in good condition, and the people are happy and contended. The mountain immediately back of the settlement is magnificent.

"Among the many problems which have been solved by the community of these Islands this matter of caring for the lepers is one in which I take great pride. Leprosy is decreasing but tuberculosis in other forms seems to be increasing. Not only tuberculosis of the lungs but of hip and knee and other parts of the body. Both Federal and Teritorial authorities maintain well equipped laboratories and skilled bacteriologists who are at work upon these problems.

"I used to return from these visits to Molokai with a feeling of depression, but of late years and especially

this time it has been with a feeling of great encouragement and of inspiration. The hopeful example of those who are administering to the lepers themselves in their helpfulness and cheerfulness is inspiring.

"I was called upon to make addresses in the main portions of the settlement and tried to say encouraging and helpful things and others did the same. It did our hearts good to hear the applause and laughter."

Formerly the sexes were segregated except where husband and wife came together to the Colony; but under certain conditions marriage and family life is now permitted. The disease is not of blood inheritance, children born in the colony are usually taken by relatives or friends outside, at suitable ages, who care for them in the normal way of life.

Many of the lepers, therefore, live in cottages, where family life is maintained, but among the patients are considerable numbers of homeless girls and boys.

The girls home is cared for by Catholic sisters who have nearly all come from Syracuse, New York. For more than thirty years they have administered to the wants of the girls and maintained a school, instructing them in household duties, music and sports.

At the Boy's home, Brother Dutton is the superintendent and is assisted by Brothers most of whom have come from Belgium.

Over leafy country roads there are comfortable cottages. In the cottages are women sitting; some gossiping with their neighbors, quite in the typical town fashion. Other inmates of the settlement pass up and down the streets, some afoot, some riding, quite like the ordinary life of ordinary people. The women wave greetings and call out to the passerby and the passerby responds.

Men work in the gardens and children and young people play at games as in any well ordered community. Except for the joy of the people in greeting their visitors one sees little that is strange. Here and there it is true, there are terrible things indescribable, and not to be described if description were possible, but there is no general horror. There are men and women seemingly normal, one would have to look closely to see marks of the disease in face, hands or feet. They make the most of the great day when the committee comes, in seeing and hearing.

Leprosy appeared in these Islands before 1850 but was not recognized as such. Between that time and 1860 the disease spread and it was found that it was Asiatic Leprosy. In 1864 the Legislature framed an act providing for the establishment of a settlement and for the segregation of lepers. The Hawaiians at that time were more careless in their methods of living and through ignorance and carelessness exposed themselves to infection and contagion and the disease spread.

The Hawaiian Government has made liberal provision for the maintenance of the settlement and for the care and support of the people.

Homes, food and clothing are furnished and the people in many cases are better provided for than they were in their own homes. There are hospitals, dispensaries, churches and comfortable cottages for the accomodation of families. These cottages are well ventilated, abundantly supplied with fresh water and kept in good condition. Cottage residents requiring medical treatment are well attended in their own homes by the resident physician. Every man, woman and child may draw 21 pounds of fresh beef every week, a liberal supply of taro (a native vegetable) flour or bread, rice, tea, sugar, salt, tobacco and matches and as much clothing as is required.

A sum of money is paid to those who do not draw the full ration which enables them to purchase articles not included in the regular fare. Entertainments have been provided, the people are well dressed and in the main are happy and contented.

The disease has been considered incurable, but there has been a number of cases where the disease has been arrested without any particular treatment. It is well known that in some

Brother Ira Dutton at about the period he took up the work at Molokai

cases of tuberculosis of the lungs the disease is arrested and disappears, leaving scars. Leprosy has been described as tuberculosis of the tissues.

For many years the local government had experiments made in the treatment of the disease and careful study of its nature and possible cure. Since annexation in 1900 the Federal Government has established laboratories both at Molokai and in Honolulu where scientists are pursuing the study.

Although under certain conditions leprosy is contagious, there is very remote danger to any who are reasonably careful. Leprosy has existed in the Islands for more than sixty years and the white population has been more or less exposed, but the records show that less than one-tenth of one per cent of the white people have contracted the disease. If this could be said of tuberculosis of the lungs in the Islands or on the main land, it would be a wonderful record.

The Superintendent, McVeigh, in his last report March 31st, gave the population of the colony as 745, divided as follows:

Patients 633 (male 387, female 246); kokuas (helpers) 25 males, 15 females; other well persons 28 males and 23 females; non leprous children 9 males and 11 females.

The Governor of Hawaii in his report for 1912 says:

"The Receiving Hospital at Honolulu is in a sense even more important than the settlement at Molokai. It is here that the lepers are first brought and treated until they are discharged or paroled as cured or are sent to the settlement as incapable of cure. They of course receive constant treatment at the setttlement house also. At the receiving hospital there were at the close of the year 126 lepers. During the year the improvement in four of the cases was such that the patients were paroled.

"Two other institutions in this service are the homes and schools at Honolulu for non leprous boys and girls, respectively, of leprous parents. At the close of the year there were 38 girls and 8 persons in charge of them at the girls' home and 23 boys and 6 persons in charge of them at the boys' home.

"The scientific work of the U. S. leprosy investigation of the year was chiefly along two lines of experimental

therapy: namely, the inoculation of lepers with serum from a horse immunized against leprosy bacillus, and the subcutaneous inoculation of lepers with dead bacilli or attenuated cultures of the leprosy bacillus. The results from the experiments with serum have been negative and an effort is being made to secure a more potent serum. The inoculation with attenuated cultures seems to have been beneficial, but this is not yet certain."

"Laboratory work in studies of transmission of leprosy has been confined to the examination of head lice and bedbugs, and has resulted thus far only in the finding of acid-fast organisms resembling the leprosy bacillus in two lice taken from the head of a case of the nodular type of the disease."

Dr. George W. McCay, director of United States leprosy investigation station, had no progress to report. He said:

"We are working. It is a slow task, trying to isolate the leprosy germs and all we can do is to keep trying."

This colony, now of less than a thousand unfortunate suffering people, is card for by public tax levied by the people of Hawaii upon Hawaiian Territory, itself containing a population of only two hundred thousand.

It is not only the best known but the most humanely cared for of any such colony in he world. The inmates are appreciative of the necessities of the occasion and of the consideration shown them by their friends and former neighbors. They are trying to live the life before them with courage and cheerfulness and because of these facts both they and the citizens of the Territory are worthy of the admiration of all thoughtful people.

SYSTEMIC EFFECTS CAUSED by PYORRHEA

I. M. HOLSAPPLE. Dentist, Janesville, Wis.

Before taking up the subject of this paper I wish first to thank the Rock County Medical Society for extending an invitation to the members of the Rock County Dental Society, to take part in this meeting. I firmly believe that a joint meeting of this kind once in a while would be benefiical to members of both societies.

You physicians as well as we dentists have long been holding meetings for mutual benefit and to discuss ways and means whereby we may be able to give our patients better service. This latter is in the interest of humanity and not entirely a personal idea.

At a joint meeting of this kind where we may compare observations taken at slightly different angles we naturally broaden our views.

The statements of Doctors Hunter, Osler, Mayo and many others, relative to dentistry, have stirred the dental profession to greater activity and this is proof of the value of such a meeting as this.

The subject of this paper, "Systemic Effects Caused by Pyorrhea," is of deep iterest to both physician and dentist at the present time. Many ideas have been adavnced from time to time, of how best to treat the disease. The two latest are Emetine and Succinimide of Mercuric, both are used hypodermically. One of the peculiarities of treating the disease is that a certain remedy which seemed to work wonders in one case seemed to be a failure in others. This same peculiarity is noticeable in the effects of pyorrhea in different individuals. That is its effects show stronger in one direction in a

given case that some other case that we might have in mind.

In the mouth we often find that certain teeth are seriously effected, while others a short distance away are apparently free from the disease. In other cases we often find every tooth showing pyorrhea in progress. Thousands of teeth are lost annually by pyorrhea. Many of which have never shown any signs of decay. Their loss was caused by pyorrhea alone.

The first effect to be noticed in pyorrhea is the effect on the gums. They generally bleed very easily and show a reddish line at the necks of the teeth; often a little puffinesss is noticed. This condition if not checked will sooner or alter cause the teeth to become so loose that they are of no practical value and often fall out of their own accord. The discharge of pus coming from the gums varies in different individuals not only in quantity but quality. Knowing as we do that there is a great deal of absorption into the system taking place in mouth, it follows that some of this pus must also be taken into the system via the same route. Then whenever any food is taken into the mouth it becomes mixed with the ever constant stream of pus and carried to the stomach. In consequence of this, all the food passing through a mouth effected with pyorrhea is contaminated with pus. Not a pleasant thought but true nevertheless. This pus laden food is what pyorrhea patients are compelled to digest. Is there any doubt that the whole system would not become more or less effected by reason of this condition?

Dr. Haskins of New York claims that the old theory that all bacteria are killed by the acid of the gastric secretions become clearly absurd when we realize that this acid is only found during the active period of digestion of solid foods.

That it requires some time for the stomach to provide enough of this free acid to have any effect on the bacteria which have in the meantime escaped into the small intestine. There is no doubt that when pus is carried to the stomach and acted upon by the acid juices that many micro-organisms are destroyed, but how about the pus laden saliva that is swallowed when the stomach is empty. It is at such times that these bacteria, as has been shown by Miller, may pass through the stomach and into the intestines and once there, unless they are destroyed by competing germs, may set up foci of infection or be absorbed by the lymphatics and thus reach the circulation and fine lodgement in any of the vital organs. The presence of this pus causes the stomach to become irritated and digestion is impaired. This of course interferes with nourishment and the system weakens as a result. The nourishment taken from this pus laden food must of necessity contain some of the pus germs, to be carried by the blood to all parts of the body.

The American Med. Journal of March 2t7h, cites two cases of gastric ulcer of 12 to 14 years standing that have not had a recurrence of trouble since eliminating the mouth infections and that it had been two years since the dental treatment had been completed. They also cite nine cases of acute iritis that all showed a marked improvement after removal of abscessed teeth. Some of the improvement was noticeable in a few hours. If the pus from abscessed teeth was the cause in these iritis cases why should not the pus from pyorrhea cases do as much. We are under the impression today that the Amebas was the direct cause of pyorrhea and we are also informed that these Amebas are the direct cause of pyorrhea and we are also informed that these Ameba are numerius in dysentery. With this information before

us, would we not suspect hat pyorrhea amebas being carried to the stomach were partly to blame for some of this dysentery trouble. I remember reading any article about a year ago telling about an eminent English physician saying that he had long since given up treating disease of the lower bowel until after the mouth infections had been disposed of. Experience had taught him that it was uphill work without doing so.

Dr. Hunter of England says that he believes that Brights disease, mucous colitis and even sclerosis of the spinal cord may occur from oral sepsis as well as many instances of general malnutrition. Dr. Head of Philadelphia demonstarted the almost universal and continual presence of six kinds of bacteria in pyorrhea pus. The system may stand the daily absorptiin of a small amount of pyorrhea pus for some time and not have any serious results. But after a time the mechanism of immunity partially breaks down, then we may look for the infectious disturbance.

It is about 14 years since Poynton and Payn first published their account of the bacteriology of rheumatic infections. Since then, on various occasions they have demonstrated that a small diplostreptococcus isolated from the blood, joints, and heart in rheumatic cases and cultures taken from pyorrhea pockets have produced in rabbits, when inoculated, all the essential lessions found' in the human subject. The submiliary nodules found in the human heart, between the muscle fibres, have also been produced in rabbits by inoculation. All tlhese small nodules or foci have been considered postive proof of rheumatic fever. These same results have been produced by many other workers in experimental medicine. The most recent conclusion of these workers is that when a human being is infected by rheumatic streptoccocci, they enter the circulation from some soft tissue, as for instance the tonsil, where they may have lain dormant for several days. Rosenow sees in the tonsil a place where streptococci acquire the peculiar property necessary to produce rheumatism. From the tonsil the germ may find its way into the circulation and give rise to infection of some other organ.

Often the first cleansing of a septic mouth results in an attack of rheumatism, the severity of the attack depending on the amount of injury to the soft tissues. Since heart lesions are the principle effect of rheumatic fever and the micro-organisms found in rheumatic patients are the same as those found in pyorrhea, and as inoculation with the pyorrhea streptococci produces rheumatic heart lesions, we cannot help believing that pyorrhea is a disease to be dreaded by the human family. I have a patient at present with several teeth badly effected with pyorrhea, who has taken a course of Emitine treatment and still has plenty of pus around effected teeth. This lady is about 35 years of age, looks pretty robust but has had rheumatism badly all winter, in bed part of the time. I advised extraction of effected teeth about a month ago, but this has not been done owing to the dread of wearing artificial teeth.

Gordon has found over 300 strains of streptococci in the mouth, this ought to be enough to start most anything. I have often noticed and no doubt every one here tonight has observed the same; how nervous some of the people are that have an advanced case of pyorrhea. Some will hardly let a dentist extract a tooth that is so loose it will nearly fall out. I believe that many of these cases are brought to this extreme stage by the systemic effects of pyorrhea. One of the various affections attributed to oral sepsis is toxic neuritis.

I regret that I have never kept a

tabulated record of the condition in children's teeth, whose mothers have decided cases of pyorrhea. I can recall many cases where the decidious or milk teeth in children were of very poor structure and whose mothers had advanced pyorrhea. I do not presume to claim that all cases of poor tooth structure are caused by pyirrhea conditions.

If we are to believe that pyorrhea pus taken into the stomach is detrimental to good nourishment then we must believe that there is is to be some effect on the offspring from mothers who have pyorrhea. I wish that every dentist here tonight would keep a tabulated account for the next year, so that we might compare notes and see what percentage of children with poor teeth have mothers with advanced pyorrhea.

Nature has been very kind in placing many preventative barriers to infection, and it is only the increased number of micro-organisms by reason of the pyorrhea pus, and the toxins they give off that we have the systemic effects.

According to Stewart of Philadelphia College streptococci are generally harmless dead tissue eaters but when in large quantities may cause oral sepsis, blood poisoning, rheumatic disturbances, endocarditis, etc.

Rosenow (Journ. nflect. Diseases) has been able to convert hemolytic streptococci into streptococcus viridons and to changes these about at will. This gives us a reason why the streptoccoci so numerous in pyorrhea pus are dangerous to the system in general. The supply of these germs is too great to be overcome at all time. So long, as they live on dead tissue alone we would not have reason to become alarmed, but if their characted becomes changed and they become man eaters we have good reason to set up and take noticce.

MISCELLANEOUS

THE ROYAL ROAD TO SUCCESS.

By Frank Pierre Davis, M. D., Enid, Okla.

"Get 6% and keep it long enough and you will own the earth," said Commodore Vanderbilt. It is a fact that there is nothing that will increase a man's wealth so sure and fast as interest. The speed with which money increases when re-invested is surprising. Money will double itself, at 3% compounded semi-annually in approximately twenty-one years. At 6% the money will double itself in twelve years. However, the dollar that earns less than 6% is loafing on the job.

It is easy to secure 4% on sums of one dollar or over in our savings banks and when the amount is twenty-five dollars or more 6% may be readily obtained on time deposits of six months. The secret of success lies in saving, and in making your savings bear interest.

The man who spends thirty cents a day for luxuries spends the interest on one thousand dollars for a day. The man who saves $10 a week and makes it earn 6% will have $2,998.74 in five years. He can get his 6% on sums of $25 or over, anl there is no excuse for not saving money.

In the western states it is possible to net ten per cent by loaning to farmers on chattel mortgages. Sale paper—notes given by farmers for goods purchased at farm sales—are considered gilt-edged securities and can generally be obtained from local banks at prices that will net ten per cent.

It is the little savings, the dimes and nickels and quarters that go to build up the dollar. As soon as the dollar is secured it should be put to work earning its pay. That lonely dollar will be worth 100 cents today, but in one year it will a 104 cent dollar and when placed with twenty-four other dollars, it will become a 106 cent dollar in one year or rather a 103 cent dollar in six months, for these certificates of deposit run for six months. The interest is paid semi-annually and the principal automatically continues drawing six per cent until withdrawn.

Men who succeed in business do not buy stock in oil wells, land companies, patents and such trash. They do not buy so-called "bonds" against real estate mortgages on city property. They do not blow the interest on a thousand dollars daily and then cuss the government and say they have no chance to succeed. Men who succeed are the men that save their small change and put their dollars to work on a night and day shift earning its keep. A dollar or a thousand dollars is worth no more than an iron washer unless it earns something.

The great secret of success lies in saving continually and persistently. Keeping everlastingly at it. "Get money, still get money, boys," said old Prof. Joslyn. Getting money isn't all there is to success. Getting, and keeping money and making it earn at least 6% is the way—the royal road to success.

It is so easy to slip a dollar bill in an envelope with your pass book and send it to your savings bank. Banking by mail is a success. There are a number of banks that will pay the rates I have mentioned above. If you are interested in them I will send you the names of a number if you send stamp for reply.

ANOTHER CURE FOR TUBERCULOSIS.

By J. A. De Armand, M. D., Davenport, Iowa.

The March issue of the Recorder furnishes us with what is named a cure for tuberculosis and I am very sure every reader of the journal will read the article with anxiety not to say enthusiasm. Tuberculosis is a bad combination to use the word cure with and get away with the goods. A few short years ago we welcomed the tidings that New Mexico and other lands similarly situated offered promise of cure, only in the end to find the hope ill founded and that while help often came in unexpected amounts to the fact that the patient had to go to a more or less desolate country, far from home and friends, surrounded by the example of those who came too late, all these conspire everywhere and always to undo the good that climate might under more favorable conditions offer, and so we of the north land have come to learn that it is a mistake to ship loved ones away to have them say that may be there may be a remote cure in sunny Arizonia but death in dear old Iowa is preferable and so the end comes in the same old way. That's why we read in the headlines of a "cure" and hope springs anew and love sees a glittering star.

In galvanism Dr. Walker feels that he has found a cure. The context hardly bears out the hope and after one has read the examples he is even unwillingly forced to the conclusion that galvanism may be an aid and may help, yet it is far from a cure in and of itself. Even in the illustrations given there is need of systemic treatment that it may show its good results and in those cases wherein no general treatment was had there has been no sign of improvement. We have had our single cases wherein improvement

came almost without our hope and surely without our effort only to prove a will o' the wisp in the end. We have come to be of the firm belief that in sanitary surroundings, good air, good food and that means oh so much and is so often inhumanly insisted on when patients can't eat anything, these spell victory and yet too often try as we may nothing stays the tide but the grim reaper wins the battel just the same.

Consumption has lost many of its terrors of late years but it still remains the great white plague that reaps its untold thousands and we are so fearful that its wavering front will continue to withstand the assaults of any marshalled hosts we may be able to muster. We who have fought it for years and years, have seen it grasp the flower of the land, have fought it with unstinted means and have had our every effort aided by the means that in every avenue of life mean luxury and confidence, have seen it march right on unmindful of our every effort and unaffected by our most painstaking labor, know what sort of a foe it is. We counsel good rich food when food isas revolting as it can be; we insist on efforts that cause the patient every suffering; we condemn every revolt at our none too inviting medicaments and then fail to know what we have asked our patients to do. I firmly believe that as true and valiant soldiers as ever mustered under the standard of duty have fallen after as noble a fight against unappreciated odds as ever found their way on history's page after a Thermopylae's struggle. We tell our patients to eat when to eat is to invite disgust and add terrors to weakness; we urge them to take of this or that not appreciating that a stomach routed and disabled by the invasion of a tuberculosis host has put that stomach out of commission; we batter and bluster over a failure to get a foothold unmindful of the fact that a giant foe occupies every foot of soil on the tented field, that a foe shows a black flag at every turn and while whispering love and lingering hope cling to the aids we have seen do much we too often find in complete and disordered retreat the only reward of our efforts.

It surely will not be in your time or mine, but let us as lovers of our race, as believers in the final accomplishment of our loved profession, let us hope that the day will soon come when consumption will find itself like diphtheria and typhoid fever, robbed of its terrors, but that time has not yet come, is not yet here.

♠ ♠ ♠

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A most attractive brochure has just been issued by the New York Pharaceutical Company under the above title.

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Reports and items of interest are gladly received.

VOL. 18 APRIL, 1915 No. 4

TUBERCULOSIS.

Tuberculosis is a subject that is always of interest to the medical man at large and any measures adopted by private individuals or by cities to stamp out this scourge is of especial interest.

We know that in certain sections of the country Tuberculosis is on the gain, and in other sections there is a marked decrease in the number of cases. In these cities and communities where there is a noticeable decrease in the number of cases there must be some good cause to account for this decrease. This subject of the care of tubercular subjects in a community has many phases but I will speak of only one or two things that are being the conditions found and when necessary take adequate care of them and see that everything possible is done to prevent the spread of the disease. In next month's Journal will appear resolutions sent to the City Council of the City of Los Angeles, Cal., in regard to this matter, and the resolutions were adopted at the city election in June.

This is certainly a grand work and each physician in every county of the country should keep it in mind continually for everything that is done to help stamp out this scourge is not only a boom to the community but to all mankind.

♠ ♠ ♠

The balsams, sandal oil and turpentine have held repute in cystitis, but must be given cautiously, if at all, for overdose of either have caused it.

LIBRARY

the Atmosphere,'' ''Value of s to Man,'' ''Ancient Remains of ,'' ''Smoke and Dust Abatement,'' enty Years Progress in Marine struction,'' etc.

ER: Its Thermotaxis and Metabol- n. By Isaac Ott, A. M., M. D., New ork, Paul B. Hoeber. 1914. Cloth .50.

his very interesting work consists hree lectures delivered by the au- before the Sophomore Class of the ico-Chirurgical College of Phila- hia.

hese lectures are a summing up of studies upon the subject made by author in his forty-five years of tice.

'e do nt believe any physician will received all the information he ld have on the subject of fevers l he has studied this book. It con- s a great amount of important ma- al not found in any other book ich has come to our knowledge.

It is a well made book, as are all the publications of Mr. Hoeber.

INTERNATIONAL CLINICS. Vol. III. Twenty-fourth Series. 1914. Philadelphia: J. B. Lipincott Company.

Our readers are familiar with the International Clinics. There is but little a reviewer can say other than it is the best work of its class. It is considered necessary for all who would keep up with the advancement in medical sciences to read the International The present number contains so many very important articles that we can hardly mention them here. The articles on ''The Vaccine Treatment of Typhoid Fever,'' ''The Treatment of Neuritis by Electricity,'' ''The Physician and the Child,'' and ''Big Fees,'' are either one worth the cost of the book.

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ernment Printing Office. 1914.

The Smithsonian Institution is our greatest national scientific institution. It was founded in 1846, and its statutory members are the President of the United States, the Vice President, the Chief Justice and the heads of the executive departments. The activities of the Institution under its plan of organization cover practically the entire field of the natural and physical sciences, as well as anthropological and archeological researches. It is an institution cerated by a gift by Smithson in 1846. The present report contains a number of very interesting and instructive articles, among which are ''The Earth and Sun as Magnets,'' ''The Earth's Magnetism,'' ''Wireless Transmission of Energy,'' ''Ripple Marks,'' Nitrates

SURGICAL OPERATIONS. A Text Book Illustrated by Clinical Observations for Physicians and Students. By Prof. Fedor Krause, Directing Physician Augusta Hospital, Berlin, and Emil Heymann, M. D., Chief Physician Augusta Hospital, Berlin. Translated into English by Albert Ehrenfried, A. B., M. D. Boston City Hospital. In Six Volumes. Vol. 1. With 55 plates having 233 illustrations in two or more colors, and 61 figures in the text. New York. Rebman Company. 1915. Cloth. $6.00 per volume.

This monumental work on surgery comes nearer to our ideal of what a work on surgery should be than any book we have seen.

It was the authors purpose to present an exposition of the operations of surgery from their clinical aspect. Hence, each individual case is accompanied with a short history of the case, and a statement of the course and after treatment, and, in cases which ended fatally, the most important autopsy finding sare given.

Here we have a history of the case from beginning to the end, wih full description of the operation, and pictures showing each step in the work. The very information we are seeking when we take up a book on surgery.

The plates in this work are of interest from the fact that they are not made from either photographs, which we know are very hard to secure during the process of the operation so that they show the consecutive steps in a proper manner to give a clear idea of the operation, nor from ideal sketches made from memory. The plates in this work are from paintings made during the operations by Max Landsberg, painter.

When a man buys a book on surgery he wants one that tells him how to operate. It is not so much what some one else says abou a certain operation, but how to do it, that he is interested in. This is the work for the man who wants information.

It has no peer among text books on operative surgery.

ABSTRACTS

CLOSED FRACTURES.

P. S. Campiche, San Francisco (Journal A. M. A., May 15, 1915), criticizes the tendency of some surgeons to adopt the open method too much as a routine procedure. The results of conservative methods may have been often bad, but the results of operations for fractures are often worse. There are some special dangers in recent fractures that must not be ignored. These are the danger of infection, and that of deficient callous production which is the rule, in the presence of a foreign body. The field of a recent fracture is an excellent culture medium, and the skin of the patient may furnish the germs. Occasionally scrupulous antisepsis may not prevent the infection. Keeping in mind these dangers, and remembering also the shortcomings of bloodless procedures, he asks when shall we operate and when not. In his opinion operation is indicated in recent fractures when the surgeon, carefully weighing the advantages and disadvantages of the two methods, finds that the prospect of serious impairment of function is so great as to outweigh the risks of operation, and also bears in mind the experience of known authorities in this regard . A marked deformity in itself is not an indication to operate. If a good functional result is probable without operation it is our duty to re-

frain. Campiche says he has strong reasons to believe that about 80 per cent of the operations now done in fracture cases are unnecessary. These are nothing in comparison, however, to the harm done to patients in cases of accidents. He remarks on the steady improvements of conservative methods of late years, especially in the technic of extension, by Bardenheur, and HeHusner. The making of a plaster cast has also become a work of precision, and the substituion of the use of plaster splints, allowing early massage and improvement and the much shorter immobilization of fractures of all bones are also to be hailed as advances. According to his views, he would not operate before the end of the first week, and when the reduction is as easy and the risk of infection greatly lessened.

SYPHILIS IN THE INSANE.

E. B. Vedder and W. H. Hough, Washington, D. C. (Journal A. M. A., March 20, 1915, have investigated the prevalence of syphilis among the inmates of the Government Hospital for the Insane, the institution that receives the cases from the army and navy and the District of Columbia. While the majority of the patients are males, there are a considerable number of females and a fair sprinkling of negroes from the District of Columbia. Their record includes 616 cases, taken as they came, all subjected to a routine Wasserman and in all suspicious cases to a complete study of the spinal fluid, including Wassermann, cell count and protein estimation. Double plus and plus Wassermanns were taken as positive evidence of syphilis, but plus minus ones, while suggestive, were not included as such in their figures. Interesting points brought out were: there was no syphilitic white female in the 616 consecutive cases though there were such in the instiution. The percentage of colored males (23.65) agrees fairly closely with that of Ivey (25 per cent)) while that of colored females was much below his. The number, however, was small and they consider that Ivey's figures more nearly represent the actual facts. Their total percentage (16.72) is somewhat higher than that reported by Souhard for Massachusets but they are inclined to attribute this to the more complete examinaions made by themselves in suspicious cases. Even by these methods not all cases of syphilis can be detected. Six hundred and sixty-seven other patients, not consecutive admissions and all white males, were also examined and 110 of them found to be syphilitic, and this the authors believe to be a conservative estimate. The most efficient Wassermann reaction will miss a considerable percentage of syphilis. From the study of the total 1,283 cases they conclude that: "1. Syphilis among the white women is comparatively rare. 2. Among white men the presence of syphilis has been demonstrated in 20 per cent. of the cases. 3. We estimate that at least 30 per cent. of white males in this institution are syphilitic. 4. At least 10 per cent of the insanity in this institution is directly attributable to syphilis." Vedder and Hough believe that there is need of more attention being given to the diagnosis and treatment of syphilis in hospitals for the insane.

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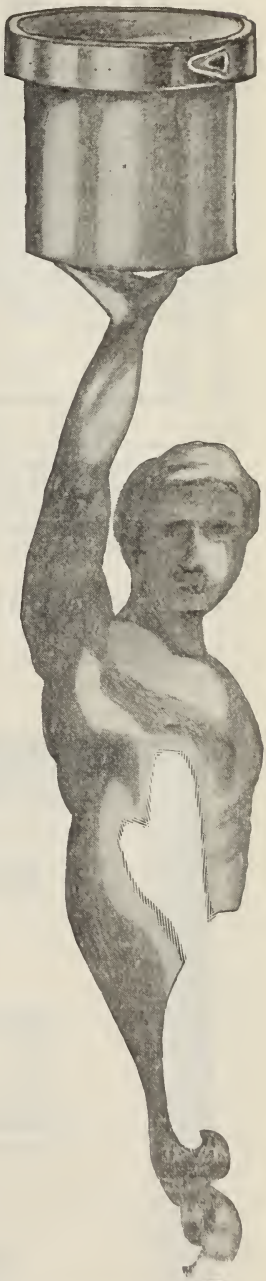

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ABSORPTIVE—
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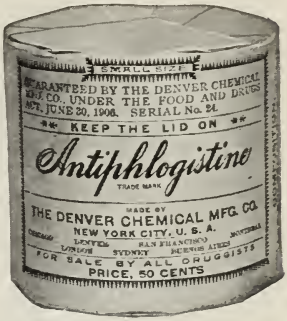

Directions:—Always heat in the original container by placing in hot water. Needless exposure to the air, impairs its osmotic properties—on which its therapeutic action largely depends.

Antiphlogistine
TRADE MARK

is applicable in every instance where there is congestion, inflammation, tension, pain—and in all wounds (septic, especially) indolent ulcers, gangreen, etc.

Clinical reports of Physicians are authorative

Antiphlogistine on the gangrenous foot of an aged woman so stimulated the circulation as to result in saving the foot.

Carbuncle, treated with Antiphlogistine, shows few, if any failures, in the practice of one physician.

Another says he saved his own leg—septic phlebitis—by the regular, persistent application of Antiphlogistine; also relieved rheumatic iritis in three days.

Such evidence, from professional colleagues, is submitted, through professional mediums, to the profession only.

AN ETHICAL PROPRIETARY FOR ETHICAL PHYSICIANS

Therefore, Physicians should always WRITE "Antiphlogistine" to AVOID "substitutes".

"There's only ONE Antiphlogistine"

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